N. B.--Every item of information should be carefully supplied ACE should be stated EXACTLY, PHYSI-CIANS should state OAUSE OF DEATH in plain terms so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. ECORD IS A PERMANEN BINDING AINLY, WITH UNFADING INK---THIS FOR ARGIN RESERVED WRITE V. S. No. 1.

PLACE OF DEATH	STATE OF MARYLAND
County Morcisla 1241	CERTIFICATE OF DEATH
18-II	Registration Dist. No. 3
Village or City Stocklan' (No	St.; Ward) (If death occurred in
	a hospital or institu- tion, give its NAME in- stead of street and
2 FULL NAME Fireddie All	stead of street and number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE 5 SINGLE, Single	16 DATE OF DEATH MOST And en Oth
Heal Colored WIDOWED OR DIVORCED	(Month) (Day) (Year)
(Write the word)	17 I HEREBY CERTIFY, That I attended the deceased from
May 25 222	
(Month) (Day) (Year)	that I has saw h, elive on, 192,
7 AGE If LESS than	and that death occurred on the date stated above, at
b yre mos I de or min. ?	Ma Physician allended never
8 OCCUPATION	been Well Tubesculoses Cause
(a) Trade, profession or particular kind of work.	of Death or malmutrition
(b) General nature of industry business, or establishment in	(Duration)yrsmosde,
which employed or (employer)	Contributory
9 BIRTHPLACE (State or country) Maryland	Secondary 4
10 NAME OF	(Signed) WO Reyne RREG M.D.
FATHER Jon 19 Allen	11 19/ 1922 (Address) Stockton and
II BIRTHPLACE OF FATHER (State or country) Maryland	"State the Disease Causing Death, or, in deaths from
12 MAIDEN NAME	Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal or Homicidal.
of MOTHER Telossee Lallins	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans- ients, or Recent Residents)
13 BIRTHPLACE OF MOTHER	At place of death yrsmosda. State,yrsmosda.
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted, if not at place of death?
Trong D December	Former or usual residence
(Informant)	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
(Address) The Rham MA	Slockhun STRang Com 11/10/ 1072
Filed 1/9/ 1922 22 0 1000	20 UNDERTAKER ADORESS
Registrar	Aubrose Howley Stockhun 1110
If more blanks are needed, address State Registrar.	16 W. Saratoga St., Balton Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

state occupation at beginning of illness. If retired from or given up on account of the DISEASE CAUSING DEATH, gaged in domestic service for wages, as Servant, Cook, ployed, as At school or At home. Care should be taken Never return "Laborer," "Foreman," "Manager," "Deal-Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery; should be used only when needed. As examples: (a) sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is necesthe first line will be sufficient, e. g., Farmer or Planter, eupation is very important, so that the relative health business, that fact may be indicated thus: Farmer (redefinite salary), may be entered as Housewife, Househousehold only (not paid Housekeepers who receive a eu at home, who are engaged in the duties of the additional line is provided for the latter statement; it nature of the business or industry, and therefore an Physician, Compositor, Architect, Locomotive engineer fulness of various pursuits can be known. The queswhatever, write None. tired 6 yrs.). For persous who have no occupation Housemuid, etc. If the occupation has been changed to report specifically the occupations of persons enwork, or At Home, and children, not gainfully emlaborer, Farm laborer, Laborer—Coal mine, etc. Womworked ou may form part of the second statement (a) Foreman, (b) Antomobile factory. Civil engineer, Stationary fremen, etc. But in many tion applies to each and every person, irrespective of Statement of Occupation-Precise statement of oc For many occupations a single word or term on without more precise specification as Day The materia

EASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic exercites spinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia, Bronchopneumonia ("Pneumonia,")

conditions, such as "Asthenia," and qualify as accidental, suicidal, or momicidal, or symptomatie), "Atrophy," "Collapse," "Coma," "Conary), 10 ds. Never report mere symptoms or terminal stated unless important. use of "Tumor" for malignant neoplasms); Measics; Nomenclature of the American Medical Association.) ment of cause of death approved by Committee head of "contributory." (Recommendations on statequences (e. g., sepsis. tetanus) may be stated under the Examples: Accidental drowning; Struck by railway as probably such, if impossible to determine definitely. takeu. For violent deaths state means of injury "Puerperal scaticaemia." "Puerperal peritonitis," diseases resulting from childbirth or miscarriage as can be ascertained as the cause. Always qualify all "Uraemia," "Weaknesa" etc., when a definite disease rhage," "Inanition." "Marasmus," "Old Age," "Shock," "Dropsy," "Exhaustion," "Heart failure." "Haemorvulsions," "Debility" ("Congenital," "Seuile," etc.), causing death), 29 ds.; Bronchopneumonia Chronic interstitial nephritis, etc. The contributory inges, peritonacum, etc., Carcinoma, Sarcoma, etc., of unqualified, is indefinite); Tuberculosis of lungs, menture of the injury, as fracture of skull, and conse-Poisoned by carbolic acid-probably suicide. The un-State cause for which surgical operation was under-(secondary or intercurrent) affection need not be Whooping cough; Chronic valvular heart discase; -accident; Revolver wound of head-homicide; .. (Hame origin; "Caneer" is less definite; avoid Example: Meastes "Auaemia" (second-(disease (merely

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If this certificate is looked over thoroughly and all questions anywered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the obtained is permanently filed.

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	Worsester 124(9)	CERTIFICATE OF DEATH Registration Dist. No.
Vill	CORPOR POROMORA City	St.; Ward) (If death occurred in a lospital or institution, give its NAME instead of street and number.)
	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 S	A COLOR OR RACE 5 SINGLE, MARRIED, WIDOWED OR DIVORCE WIDOWed (Write the word)	1.1/9/22 , 192
6 D	Unknown 1848	that I last saw h imalive on 11/9/22, 192, 192
A (If LESS than	and that death occurred on the date stated above, at SP
O b O b	o) General nature of industry usiness, or establishment in hich employed or (employer) IRTHPLACE (State or country) Md.	Contributory Chronic Nephritis Secondary Ourstion yrs. mos. ds.
	10 NAME OF FATHER Kim Armstrong	(Signed) Affarker M.D. 11/11/22 Pocomoke CityMd
ARENTS	11 BIRTHPLACE OF FATHER (State or country) 12 MAIDEN NAME OF MOTHER	*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal or Homicidal. 18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans-
	Jane Dennis 18 BIRTHPLACE Md, OF MOTHER (State or country)	ieats, or Recent Residents) At place In the of death yrs
13	(Informant) 221 E. King St (Address) York, Pa. Filed // / 192 2 Resistrar	if not at place of death? Former or usual residence. 19 PLACE OF BURIAL OR REMOVAL Halls Hull Process 20 UNDERTAKER ADDRESS ADDRESS
	If more blanks are needed, address State Registrar.	16 W. Saratoga St., Balto., Requesting V. S. No. 1.

STATE OF MARYLAND

(Approved by U. S. Census and American Public Health Association.)

state occupation at beginning of illness. If retired from gaged in domestic service for wages, as Scruunt, Cook definite salary), may be entered as Housewife, Houseadditional line is provided for the latter statement; if nature of the husiness or industry, and therefore an whatever, write None. business, that fact may be indicated thus: Farmer (reor given up on account of the DISEASE CAUSING DEATH. work, or At Home, and children, not gainfully emhousehold only (not paid Housekeepers who receive a cu at home, who are engaged in the dutics of the er," etc., without more precise specification as Day Never return "Laborer," "Foreman," "Manager," "Deal-Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery; should be used only when needed. As examples: (a) sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is necess the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of fulness of various pursuits can be known. The queseupation is very important, so that the relative health tired 6 yes.). For persons who have no ceenpation Housemaid, etc. If the occupation has been changed to report specifically the occupations of persons enployed, as At school or At home. Care should be taken laborer, Farm laborer, Laborerworked on may form part of the second statement. Civil engineer, Stationary foremen, etc. But in many Physician, Compositor, Architect, Locomotive engineer, Statement of Occupation-Precise statement of oc Foreman, (b) Automobile factory. For many occupations a single word or term on Coal minc, etc. Wom-The material

Statement of Cause of Death—Name, first, the bis-EASE CAUSING DEATH (the primary affection with respect to time and cansation), using always the same accepted term for the same disease. Examples: Carcbrosphaul fever (the only definite synonym is "Epidemic ecrebrosphal meningitis"); Diphtheria (avoid use of "Cronp"); Typhoid fever (never report "Typhoid pneumenia"); Lobar pneumonia, Bronchopneumonia ("Pneumouia,"

> quences (e. g., scpsis, tetanus) may be stated under the conditions, such as "Asthenia," causing death), 29 ds.; Bronchopneumonia stated unicss important. Example: Meusles inges, peritonacum, etc., Carcinoma, Sarcoma, etc., of Nomenclature of the American Medical Association.) ment of cause of death approved by Committee on head of "contributory." (Recommendations on stateture of the injury, as fracture of skull, and conse Poisoned by carbolic acid-probably suicide. The un train-accident; Revolver wound of head-homicide; Examples: Accidental drowning; Struck by railway as probably such, if impossible to determine definitely and qualify as ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF State cause for which surgical operation was under-"Puerpenal septicaemia." "Puerperal peritonitis," diseases resulting from childbirth or miscarriage as can be ascertained as the cause. Always qualify all "Uracmia," "Weaknes:" etc., when a definite disease rhage," "Inanition" "Marasmus," "Old Agc," "Shock," "Dropsy," "Exhausticn," "Heart vulsions," symptomatic), "Atrophy," "Collapse," "Coma," ary), 10 ds. Never report mere symptoms or Chronic interstitial nephritis, etc. The contributory use of "Tunner" for malignant neoplasms); unqualified, is indefinite); Tuberculosis of lungs, men-(secondary or intercurrent) affection need Whooping cough; Chronic valvular heart disease; (name origin; "Cancer" For "Debility" ("Congenital," "Semile," etc.) VIOLENT DEATHS State MEANS OF INJURY is less definite; avoid "Anaemia" failure," "Haemor-Medsles; terminal (secoud-(discase (merely not be

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

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PLACE OF DEATH Worcester County 19/, ()	STATE OF MARYLAND CERTIFICATE OF DEATH
County 124-()	Registration Dist. No. 310
Village or City Pocomoke City (No	St.; Ward) (If death occurred in a hospital or institution, give its NAME instead of street and number.)
2 FULL NAME Estelle Bevans	number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Female Black Single, Single Widowed OR DIVORCED (Write the word)	November 5 , 192 (Month) (Day) (Year)
6 DATE OF BIRTH	SEPEREBY 5 CERTIFY That I attended the deceased from
Unknown (Month) (Day) (Year)	that I last saw her alive on 9/15/22 , 192 , and that death occurred on the date stated above, at , , , , , , , , , , , , , , , , , ,
About 22 yrs. If LESS that I dayhr	The CAUSE OF DEATH the was as follows:
(b) General nature of industry business, or establishment in	Unknown, probably Tuberculess only saw her once and then in my office. (Duration) yrs. mos. de.
which employed or (employer)	Contributory
9 BIRTHPLACE Md.	Secondary (Duration) yrs
10 NAME OF John Ed Johnson	(Signed) Alama M.D. 11/6/22 Pocomoke City, Md
11 BIRTHPLACE UNKNOWN OF FATHER (State or country)	"State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether
of Mother Hester Schoolfield	Accidental, Suicidal or Homicidal. 18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans- ients, or Recent Residents)
13 BIRTHPLACE UNKNOWN OF MOTHER (State or country)	At place of death yis. mos. ds. In the State, yrs. mos. da.
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted, if not at place of death?
(Informant) John Schoolfield Pocomoke City, Md., R.D. #4	Former or usual residence
(Address)	19 MACE OF BURIAL OR REMOVAL SATE OF BURIAL CLUB 11/7 1922
Filed 1/6 19222 CAL OFFICE Registrar	Monon & Onacon Pocomore
If more blanks are needed, address State Registra	r. 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

whatever, write Nonc. tired 6 yrs.). For persons who have no occupation business, that fact may be indicated thus: Farmer (restate occupation at beginning of illness. If retired from or given up on account of the disease causing death Housemaid, etc. If the occupation has been changed gaged in domestic service for wages, as Sorvant, Cook, to report specifically the occupations of persons ployed, as At school or At home. Care should be taken work, or At Home, and children, not gainfully emdefinite salary), may be entered as Housewife, House household only (not paid Housekeepers who receive a en at home, who are engaged in the duties of the laborer, Furm laborer, Laborer-Coal mine, etc. Womcr," etc., Never return "Laborer," "Foreman," "Manager," "Doal-Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery; should be used only when needed. additional line is provided for the latter statement; if nature of the business or industry, and therefore an worked on may form part of the second statement (a) Foreman, (b) Automobile factory. sary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is neces-Civil engineer, Stationary faremen, etc. tion applies to each and every person, irrespective of Physician, Compositor, Architect, Locomotive engineer, the first line will be sufficient, c. g., Farmer or Planter, fulness of various purguits can be known. cupation is very important, so that the relative health Statement of Occupation-Precise statement of oc For many occupations a single word or without more precise specification as Day As examples: (a) The material But in many The ques term on

Statement of Cause of Death—Name, first, the pisease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemie cerebrospinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Fuphoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia, Bronchopneumonia* ("Pneumonia,")

head ment of cause of death approved by Committee on quences (e.g., sepsis, tetanus) may be stated under the as probably such, if impossible to determine definitely Nomenclature of the American Medical Association.) Poisoned by carbolic acid-probably suicide. The na-Examples: Accidental drowning; Struck by railroay and qualify as Accidental, Suicidal, or Homicidal, or State cause for which surgical operation was under-"Puerperal scpticuemia." "Puerperal peritonitis." diseases resulting from childbirth or misearriage as can be ascertained as the cause. Always qualify all rhage," "Inanition." "Marasmns," "Old Age," "Shock," "Dropsy," "Exhausticn," "Heart failure." "Haemorsymptomatic), "Atrophy," "Collapse," "Coma, conditions, such as "Asthenia," "Anaemia" ary), 10 ds. "Uraemia," "Weaknes:" etc., when a definite disease vulsions," causing denth), 29 ds.; Bronchopneumonia stated unless important. Chronic interstitial nephritis, etc. The contributory use of "Tunor" for malignant neoplasms); Measles; inges, peritonacum, etc., Carcinoma, Sarcoma, etc., of (name origin; "Cancer" is less definite; avoid unqualified, is indefinite); Tuberculosis of lungs, men-(secondary or intercurrent) affection need Whooping cough; of "contributory." -accident; Revolver wound of head-homicide; FOR VIOLENT DEATHS STATE MEANS OF INJURY the injury, as fracture of skull, and conse-"Debility" ("Congenital," "Scuile," etc.), Never report mere symptoms or Chronic valvular heart (Recommendations on state Example: Measles discase; terminal (disease (second-(merely not be etc.

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EC 4 1858

V. S. No. 1.

	PLACE OF DEATH ounty Worcester 124 1	1 05.	STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No. 350	>
Vill	age or City Pocomoke City (No. Mary Emma Bonney	rille	St.; Ward) (If death occurs a hospital or in tion, give its NAM stead of street number.)	stitu- IE In-
	PERSONAL AND STATISTICAL PARTICULA	RS	MEDICAL CERTIFICATE OF DEATH	
3 S	Female White 5 SINGLE, MARRIED, Markiel OR DIVORCED (Write the word		(Mouth) (Day)	Year)
6 1)	ATE OF BIRTH		17 I HEREBY CERTIFY, That I attended the pleceased	
7 10	August 21 (Month) (Day)	(Year)	and that death occurred on the date stated above, at	192,
	68 2 27	LESS than layhrs. min. ?	The CAUSE OF DEATH & was as follows:	,
p. (b)	a) Trade, profession or House Wife articular kind of work		(Duration)yrsmos Contributory	•
S	Joseph Bassett		(Signed) Marker 11/18/22 Pocomoke City, Md.	M. D.
RENT	11 BERTHPLACE OF FATHER (State or country) 12 MAIDEN NAME		*State the Disease Causing Death, or, in deaths fr Violent Causes, state (1) Means of Injury; and (2) wheth Accidental, Suicidal or Homleidal.	om
PA	OF MOTHER Sarah Monjar 13 BIRTHPLACE OF MOTHER (State or country) Ohio		18 LENGTH OF RESIDENCE (For Hospitals, Institutions, ients, or Recent Residents) At place of death yrs. mos. da. State, yrs. mos.	
14 7	(Informant) Benjamin Bonneville	LEDGE	Where was disease contracted, if not at place of death? Former or usual residence	
15 F	(Address) Pocomoke City. Md.	glstrar &	Batist Cometay Mor 7/, 1 20 MyDERTAKER Bro To Comole	1. 22 2 Lie
	If more blanks are needed, address State	Registrar.	. 16 W. Saratoga St., Balto., Requesting V. S. No. 1.	710

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(Approved by U. S. Census and American Public Health Association.)

tired 6 yrs.). For persons who have no cecupation state occupation at beginning of illness. If retired from whatever, write None. business, that fact may be indicated thus: Farmer (reor given up on account of the disease causing death, Housemaid, etc. If the occupation has been changed gaged in domestic service for wages, as Scrvant, Cook, work, or At Home, and children, not gainfully emhousehold only (not paid Housekeepers who receive a to report specifically the occupations ployed, as At school or At home. Care should be taken definite salary), may be entered as Housewije, House en at home, who are engaged in the duties of the laborer, Farm laborer, Laborer-Coal, mine, etc. Womer," etc., Never return "Laborer," "Foreman," "Manager," "Deal-Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery; should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) worked on may form part of the (a) Foreman, (b) Automobile factory. eases, especially in industrial employments, it is neces-Civil engineer, Stationary firemen, etc. the first line will be sufficient, e. g., Farmer or Planter, Physician, Compositor, Architect, Locomotive engineer, tion applies to each and every person, irrespective of eupation is very important, so that the relative health fuluess of various pursuits can be known. The ques-Statement of Occupation-Precise statement of oc For many occupations a single word or term on without more precise spedification as Day second statement. of persons The material But in many

Statement of Cause of Death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia")." Lobar pneumonia, Bronchopneumonia ("Pneumonia").

Nomenclature of the American Medical Association.) head of "contributory." train-accident; Revolver wound of head-homicide; as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF Poisoned by carbolic acid—probably suicide. Examples: Accidental drowning; Struck by railway State cause for which surgical operation was under-"Puerperal schlicaemia." "Puerperal peritonitis." diseases resulting from childbirth or miscarriage as can be ascertained as the cause. "Uraemia," "Weeknes." etc., when a definite disease rhage," "Inanition." "Marasmus," "Old Age." "Shock," "Dropsy." "Exhaustion," "Heart failure." symptomatic), "Atrophy," "Collapse," conditions. ary). 10 ds. Never report mere symptoms or terminal causing death), 29 ds.; Bronchopncumonia stated unless important. vulsions," Chronic interstitial nephritis, etc. The contributory use of "Tunior" (name origin; "Cancer" is less definite; avoid unqualified, is indefinite); Tuberculosis of lungs, meninges, perilonarum, etc., Carcinoma. Sarcoma, etc., of (secondary or intercurrent) affection used not be Whooping cough; Chronic valvular heart disease; FOR VIOLENT DELATIES STATE MEANS OF INJURY the injury, as fracture of skull, and conse-(e. g., sepsis, tetanus) may be stated under the cause of death approved by Committee "Debility" ("Congenital," "Senile," etc.), such as "Asthenia," for malignant ueoplasms); Measles; (Recommendations on state-Example: Measles Always qualify all "Апае:піа" "Соша." "Haemor (second-(disease (merely

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DEC 4 1922

	PLACE OF DEATH 12412	STATE OF MARYLAND CERTIFICATE OF DEATH
Je.	Santy Coversus	(123) Registration Dist. No. 3 (1)
¢in.	2 FULL NAME Marice C. 49	St; Ward) (If death occurred in a hospital or institu- tion, give its NAME in- stend of street and number.)
	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 8	EX 4 COLOR OR RACE 5 SINGLE, MARRIED, WIDOWED OR DIVORCED (Write the word)	16 DATE OF DEATH (Month) (Day) (Year) 17 I HEREBY CERTIFY. That I attended the deceased from
6 D	ATE OF BIRTH May 22, 1872 (Month) (Day) (Year)	that I last saw h Aralive on New To , 192 to and that death occurred on the dete stated above, at \$1, m.
7 AC	If LESS than I dayhra.	The CAUSE OF DEATH A was as follows:
(a	OCUPATION 1) Trade, profession or At House articular kind of work. 2) General nature of industry	& well speakes
b	hich employed or (employer)	Confributory live of Excel Clouds
ENTS	10 NAME OF FATHER SILE SOLUTION 11 BIRTHPLACE OF FATHER (State or country)	(Signed) (Direction) yrs, mos de. (Signed) Published yr. D. 12-2 192.2 (Address) Druck yrs. *State the Discuse Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal or Homicidal.
PAR	12 MAIDEN NAME OF MOTHER 13 BIRTHPLACE	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans- lents, or Recent Residents)
14 7	OF MOTHER (State or country) THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	At place In the State,yrsmosda. Where was disease contracted, if not at place of death?
	(Informant) The Synthy (9)	Former or usual residence
15	Filed 12-2-1922 1927 L Hollman	Bukmakan Dlk. Jr., 19.2-2 20 UNDERTAKER ADDRESS J. H. Bulla Y Bullin Hel
	More blanks are needed, address State Registrar.	16 W. Saratoga St., Balto., Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

state occupation at beginning of illness. If retired from en at home, who are engaged in the duties of the er," etc., without more precise specification as Day additional line is provided for the latter statement; it eupation is very important, so that the relative healthor given up on account of the DISEASE CAUSING DEATH ployed, as At school or At home. Care should be taken household only (not paid Housekeepers who receive a laborer, Farm laborer, Laborerworked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Deal-Spinner, (b) Cotton mill; (a) Salesman, (b) Groccry; should be used only when needed. As examples: (a) sary to know (a) the kind of work and also (b) the eases, especially in industrial employments, it is necesthe first line will be sufficient, e. g., Furmer or Planter tion applies to each and every person, irrespective of fulness of various pursuits can be known. The queswhatever, write None. tired 6 yrs.). business, that fact may be indicated thus: Farmer (re-Housemaid, etc. If the occupation has been changed gaged in domestic service for wages, as Scrvant, Cook to report specifically the occupations of persons endefinite salary), may be entered as Housewife, House (a) Foreman, (b) Automobile factory. nature of the business or industry, and therefore an Civil engineer, Stationary firemen, etc. But in many Physician, Compositor, Architect, Locomotive engineer, Statement of Occupation-Precise statement of oc For many occupations a single word or term on or At Home, For persons who have uo occupation and children, not gainfully em--Coal mine, etc. Wom-The material

Statement of Cause of Death—Name, first, the Disease Causing death (the primary affection with respect to time and causation), using always the same accept ed term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pueumonia")

rhage," "Inanition." "Marasmus," "Old Age," "Shock," symptomatic), "Atrophy," "Collapse," "Coma," "Conconditions, such as "Asthenia," "Anaemia" ary), 10 ds. Never report mere symptoms or terminal use of "Tumor" for malignant neoplasms); Meastes; unqualified, is indefinite); Tuberculosis of lungs, menment of cause of death approved by Committee on quences (e.g., sepsis, tetanus) may be stated under the as probably such, if impossible to determine definitely and qualify as Aceidental, Suicidal, or Homicidal, or "Puerperal septicaemia." "Puerperal peritonitis," etc. diseases resulting from childbirth or miscarriage as can be ascertained as the cause. Always qualify all "Uraemia," "Weakness." etc., when a definite disease causing death), 29 ds.; Bronchopneumonia stated unless important. Chronic interstitial nephritis, etc. The contributory (name origin; "Cancer" is less definite; avoid inges, peritonacum, etc., Carcinoma, Sarcoma, etc., of Nomenclature of the American Medical Association.) head of ture of the injury, as fracture of skull, and conse-Poisoned by carbolic acid—probably suicide. train-accident; Revolver wound of head-homicide; Examples: Accidental drowning; Struck by railway State cause for which surgical operation was under-"Dropsy," "Exhaustion." "Heart failure." "Haemorvulsions." (secondary or intercurrent) affection need not be Whooping cough; Chronic valvular heart discase; FOR VIOLENT DEATHS STATE MEANS OF INJURY "contributory." "Debility" ("Congenital," "Senile," etc.), (Recommendations on state-Example: Meastes (discase (second-(merely

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the certificate is permanently filed.

N. S

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PLACE OF DEATH	STATE OF MARYLAND
County Norcesly 2 12413	CERTIFICATE OF DEATH
1 1 1 1 1	Registration Dist. No. 31
Village or City Birthing (No. 108)	St; Ward) (If death occurred in a hospital or institu-
2 FULL NAME any, Brisk	stead of street and number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE 5 SINGLE, MARRIED, WIDOWED OR DIVORCED (Write the word)	(Month) (Day) , 15.2 (Month) (Day) , 15.2 (Year)
6 DATE OF BIRTH	Cost 10 1027 4 1027 4 1022
mar. 2 ,840	that I last saw has alive on Nov 2 1922
(Month) (Day) (Year)	and that death occurred on the date stated above, at 4. C. m
If LESS than I dayhrs.	The CAUSE OF DEATH & was as follows:
8 OCCUPATION (a) Trade, profession or A+	Carone Neplacelis
particular kind of work.	
(b) General nature of industry business, or establishment in which employed or (employer)	(Durstion)yrs mos de,
9 BIRTHPLACE (State or country) Thank Canal	Contributory Secondary Durnion yre mos de
10 NAME OF Robert Franklin	(Signed) Colpidate M.D.
11 BIRTHPLACE OF FATHER (State or country) 12 MAIDEN NAME	*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Jujury; and (2) whether
12 MAIDEN NAME OF MOTHER OF MOTHER OF MOTHER	Accidental, Suicidal or Homicidal. 18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans- lents, or Recent Residents)
13 BIRTHPLACE OF MOTHER (State or country) Mary Curd	At place of death yrs mos da, State, yrs
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted, if not at place of death?
(Informant) Leven B. Briddell	Former or usual residence
(Address) Blos Line 21.9	19 PLACE OF BURIAL OR REMOVAL SATE OF BURIAL
Filed 1-6:22 192 hd Holmay	20 UNDERTAKER ADDRESS
Registrar	11. Durbugator Nerhun pid
more binnes are needed, address State Registrar.	16 W. Saratoga St., Balto, Requesting V. S. No. 1.



REVISED UNITED (Approved by U. S. Census and American Public ERTIFICATE OF DEATH STANDARD

Health Association.)

business, that fact may be indicated thus: Farmer (retired 6 yrs.). For persons who have no occupation state occupation at beginning of illness. If retired from or given up on account of the disease causing Death, Housemaid, etc. If the occupation has been changed to report specifically the occupations of persons enhousehold only (not paid Housekeepers who receive a laborer, Farm laborer, Laborer-Caal mine, etc. Womer," etc., worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealwhatever, write Nonc. gaged in domestic service for wages, as Scream, Cook, ployed, as At school or At home. Care should be taken work, or At Home, and children, not gainfully emdefinite salary), may be entered as Housewife, House en at home, who are engaged in the duties of the additional line is provided for the latter statement; it Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery; should be used only when needed. nature of the business or industry, and therefore an (a) Foreman, (b) Automobile factory. sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is neces-Civil engineer, Stationary fremen, etc. But in many Physician, Compositor, Aschilect, Locomotive engineer, the first line will be sufficient, c. g., Furmer or Planter, tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation - Precise statement of oc-For many occupatious a single word or term on without more precise specification as Day As examples: (a) The material

spinal meningitis"); Diphtheria (avoid use of "Croup"); EASE CAUSING DEATH (the primary affection with respect Lobar pneumonia, Bronchopneumonia Typhoid fever (never report "Typhoid pneumonia") ed term for the same disease. Examples: Cerebrospinal to time and eausation), using always the same acceptfever (the only definite synonym is "Epidemie cerebro Statement of Cause of Death-Name, first, the prs-

> Nomenclature of the American Medical Association.) ment of cause of death approved by Committee on head of "contributory." quences (e. g., sepsis, tetanus) may be stated under the stated unless important. ture of the injury, as fracture of skull, and consetrain-accident; Revolver wound of head-homicide; ean be ascertained as the cause. Always qualify all Poisoned by curbolic acid-probably suicide. Examples: Accidental drowning; as probably such, if impossible to determine definitely. and qualify as accidental, suicidal, or homicidal, or State cause for which surgical operation was under-"Piekperal septicuemia." "Puerperal peritonitis," diseases resulting from childbirth or miscarriage as "Uraemia," "Weaknes: " etc., when a definite disease rhage," "Inanition." "Marasmus," "Old Age," "Shock," vulsions." symptomatic), "Atrophy," "Collapse," "Coma," conditions, ary), 10 ds. Never report mere symptoms or terminal causing death), 29 ds.; Bronchopneumonia Chronic interstitial nephritis, etc. The contributory use of "Tumor" for malignant neoplasms); inges, peritonarum, etc., Carcinoma, Sarcoma, etc., of unqualified, is indefinite); Tuberculosis of lungs, men-(secondary or intercurrent) Whoopiny cough; (hronic valvular heart discase; .. (name origin; "Cancer" is less definite; avoid FOR VIOLENT DEATHS STATE MEANS OF INJURY "Exhaustion." "Heart failure." "Haemor-"Dehility" ("Congenital," "Senile," etc.), such as "Asthenia," (Recommendations on state-Example: Measles (disease affection need not be "Anaemia" Struck by railway Measles; (second-(merely "Con-

the certificate is permanently filed. tions answered in detail, it will prevent further correspond-It this equificate is looked over thoroughly and all ques-All the data is essential and must be obtained before

BINDING

FOR

MARGIN RESERVED

V. S. No. 1.

1	PLACE OF DEATH	STATE OF MARYLAND
C	ounty Wolcester 12414	CERTIFICATE OF DEATH
	2. 1. ml	Registration Dist. No.
Villa	age or City LIKING No.	St; Ward) (If death occurred is a hospital or institu
	2 FULL NAME Elizabeth &	lling Britting and street an number.)
	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 51	EX 4 COLOR OR RACE 5 SINGLE, MARRIED, Manual OR DIVORCED (Write the word)	16 DATE OF DEATH Nov (Month) (Day) (Year 17 1 HEREBY CERTIFY, That I attended the deceased for
6 D.	ATE OF BIRTH	17 I HEREBY CERTIFY, That I attended the deceased from 192
	Janue 27, 1849	that I last saw be alive on Nov 29 - , 192
7 AG	(Month) (Day) (Year) If LESS than	and that death occurred on the date stated above, at . 6 . A
	73 / 3 dayhrs.	The CAUSE OF DEATH At was as follows:
. 00	yrsmos,ds. or min. ?	MITAL R
(a)) Trade, profession or Autelvorff	milia regurgitua
(b)	General nature of industry	
	asiness, or establishment in hich employed or (employer)	(Duration) yrs. mos.
9 131	(State or country) Many Land	Contributory Chrane Ingocorde
	10 NAME OF PATHER PLEE Minacele	(Signed) Char Roman M.
TS	II BIRTHPLACE OF FATHER 2112	*State the Disease Causing Death, or, in deaths from
REN	12 MAIDEN NAME 4	Violent Causes, state (1) Means of injury; and (2) whether Accidental, Suicidal or Homicidal.
PA	OF MOTHER Jahra Changer	16 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans
	18 BIRTHPLACE OF MOTHER (State or country)	At place In the of death yrs
-	HE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted, if not at place of death?
14 T		
	(Informant) Olyganian B. Bullingh	Former or susual residence
	(Informant) Denjaman B. Bullinghe (Address) Blekkin M.A. D. S.	Former or usual residence
15	(Address) Blessin Ind. p.S.	19 PLACE OF BURIAL OR REMOVAL SATE OF RURIAL EVER GLUID SALES SALE
15	Blenking and AR	naugh residence

(Approved by U. S. (tensus and American Public Health Association.)

tired 6 yrs.). For persons who have no occupation ployed, as At school or At home. Care should be taken whatever, write None. business, that fact may be indicated thus: Farmer (restate occupation at beginning of illness. If retired from or given up on account of the DISEASE CAUSING DEATH, Housemaid, etc. If the occupation has been changed gaged in domestic service for wages, as Screant, Cook, to report specifically the occupations of persons endefinite salary), may be entered as Housewife, House household only (not paid Housekeepers who receive a en at home, who are engaged in the chities of the laborer Farm laborer. Laborer-Coal mine cie. Womworked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Deal-Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery; should be used only when needed. additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is neces-Civil engineer, Stationary firemen, etc. But in many Physician, Compositor, Architect, Locomolive engineer, the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of eupation is very important, so that the relative healthfulness of various parsuits can be known. Statement of Occupation - Precise statement of oc-Foreman, (b) Automobile factory. The material etc., For many occupations a single word or term on or 41 Home, and children, not gainfully emwithout more precise specification As examples: (a) The ques-

Statement of Cause of Death—Name, first, the pis-EASE CAUSING DEATH (the primary affection with respect to time and eausation), using always the same accepted term for the same disease. Examples: Cerchrospinal fever (the only definite synonym is "Epidemic eerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid feger (never report "Typhoid pneumonia"); Lobar pacumonia, Bronchopneumonia ("Pneumonia,"

> Nomenclature of the American Medical Association.) ment of cause of death approved by Committee on head of "contributory." (Recommendations on statequences (c. g., sepsis, tetunus) may be stated under the "Uraemia," "Weaknes " atta, when a definite disease can be ascertained in the cause. Always qualify all diseases resulting from childbirth or miscarriage as ture of the injury, as fracture of skull, and conse-State cause for which surgical operation was under-"PUERPEHAL Septicarm' "." "PITEP: BAL peritonitis," symptomatic), "Atrophy." "Collapse," "Coma." ary), 10 ds. Never report mere symmetoms or conditions, such as "Asthenia," "Anaemia" Poisoned by carbol's acid—probably suicide. The natrain-accident; Revolver wound of head-homicide; Examples: Accidental drowning; Struck by railway as probably such, if impossible to determine definitely. and qualify as Accidental, Suicidal, or Homicidal, or taken. For VIOLENT DEATHS STATE MEANS OF INJURY rhage," "Inanition." "Marasmus," "Old Age." "Shoek," "Dropsy." "Exhaustion." "Heart causing death). 29 ds.; Broncho, neumonia stated unless important. Chronic interstitiat nephritis, etc. The contributory vulsions." use of "Tumor" for malignant neoplasms); Measles; inges, peritonarum, etc., Carcinoma, Sarcoma, etc., of (name orlgin; "Cancer" is less definite; avoid unqualified, is indefinite); Tuberculosis of lungs, men-(secondary or intercurrent) affection need not be Whooping cough; Chronic valvulus heart discuse; "Debility" ("Congenital," "Senile," etc.), Example: Meastes failure." "Haemorterminal (merely (second-(disease

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

PHYSI---Every item or information should be carefully supplied ACE should be stated EXACTLY, P CIANS should state CAUSE OF DEATH in plain terms so that it may be properly classified. Statement of OCCUPATION is very important. See instructions on back of certificate. BINDING INK---THIS FOR RESERVED UNFADING MARGIN

No. G.

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PLACE OF DEATH	STATE OF MARYLAND CERTIFICATE OF DEATH
County Worcester 12415	Registration Dist. No. 3 1 1
Village or City hework. (No,	St; Ward) (If death occurred in a hospital or institution, give its NAME instead of street and number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Tanale Colored (Write the word)	16 DATE OF DEATH Month) (Month) (Day) (Year) 17 HEREBY CERTIFY, That I attended the deceased from
Month (Day) (Year)	that I last saw here alle on med how / 2 , 1921,
Still bound. If LESS than I dayhrs.	and that death occurred on the date stated above, at
(a) Trade, profession or particular kind of work (b) General nature of industry business, or establishment in which employed or (employer) HETHPLACE (State or country)	Contributory Secondary (Duration)
11 BIRTHPLACE OF FATHER (State or country) 12 MAIDEN NAME OF MOTHER (State or country) 13 BIRTHPLACE OF MOTHER (State or country) 14 BIRTHPLACE OF MOTHER (State or country) 15 BIRTHPLACE OF MOTHER (State or country) 16 MAME OF Collins 17 Manylond 18 BIRTHPLACE OF MOTHER (State or country) 18 DIRTHPLACE OF MOTHER (State or country)	(Signed) M.D. *State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Jujury; and (2) whether Accidental, Suicidal or Homleidal. 18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Translents, or Recent Residents) At place of death yrs. mos. da. In the State, yrs. mos. da. Where was disease contracted,
(Informant) Crest Evelsis. (Address) Newark Ind.	Former or usual residence IB PLACE OF BURIAL OR REMOVAL DATE OF BURIAL Storne (o melur) //-/3-22 , 19
Filed / -12.22 192 D.L. Oflmay	20 UNDERTAKER ADDRESS Emest Collies Requesting V. S. No. 1.

STATE OF MARYLAND

(Approved by U. S. Census and American Public Health Association.)

gaged in domestic service for wages, as Servant, Cook, to report specifically the occupations of persons enployed, as At school or At home. Care should be taken en at home, who are engaged in the duties of the er," etc.; without more precise specification as Day Never return "Taborer," "Foreman," "Mauager," "Deal-Spinner, (b) Cotton mill; (a) Salcsman, (b) Grocery, should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the cases, especially in industrial employments. it is neces-Physician, Compositor, Architect, Locomotive engineer. the first line will be sufficient, e. g., Farmer or Planter, fulness of various pursuits can be known. The quescapation is very important, so that the relative healthtired 6 yrs.). business, that fact may be indicated thus: Farmer (restate occupation at beginning of illness. If retired from or given up on account of the disease caesing Death Housemaid, etc. definite salary), may be entered as Housewife, House household only (not paid Housekeepers who receive a laborer, Farm laborer, Laborerworked on may form part of the second statement (a) Foreman, (b) Automobile factory. The material Civil engineer, Stationary firemen, etc. But in many tion applies to each and every person, irrespective of whatever, write None. Statement of Occupation-Precise statement of oc-For many occupations a single word or term on or At Home, and children, not gainfully em-For persons who have no occupation If the occupation has been changed -Coal mine, etc. Wom-

Statement of Cause of Death—Name, first, the disease causing death (the primary affection with respect to time and cansation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"): Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

symptomatic), "Atrophy," "Collapse," "Coma." conditions, such as "Asthenia," ary), 10 ds. Never report mere symptoms or terminal causing death), 29 de.; Bronchopncumonia (secondstated unless important. use of "Tumor" for malignant neoplasms); inges, peritonacum, etc., Carcinoma, Sarcona, etc., of unqualified, is indefinite); Tuberculosis of lungs, menment of cause of death approved by Committee on quences (e. g., sepsis, tetanus) may be stated under the as probably such, if impossible to determine definitely, and qualify as accidental, suicidal, or homicidal, or diseases resulting from childbirth or miscarriage as can be ascertained as the eause. Always qualify all "Uracmia," "Weakness," etc., when a definite disease rhage." "Inanition." "Marasmus," "Old Age," "Shock," "Dropsy," "Exhaustion," "Heart failure." "Haemor-Chronic interstitial nephritis, etc. The contributory (name orighn; "Cancer" is less definite; avoid head of "contributory." ture of the injury, as fracture of skull, and conse-Poisoned by carbolic acid-probably suicide. train-accident: Revolver around of head-homicide; Examples: Accidental drowning; Struck by railway takeu. For violent deaths state means of injury State cause "Puerpenal septicaemia." "Puerperal peritonitis," vulsions," (secondary or intercurrent) affection need not be Whooping cough; Chronic valvular heart disease; Nomenclature of the American Medical Association.) "Debility" ("Congenital," "Senile," etc.), for which surgical operation was under-(Recommendations on state-Example: Measles (disease "Anaemia" (merely Mensics; The na-"Con-

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RESERV

(Approved by U. S. Census and American Public Health Association.)

business, that fact may be indicated thus: Farmer (reor given up ou account of the disease causing peath, gaged in domestic service for wages, as Scrvant, Cook, ployed, as At school or At home. Care should be taken definite salary), may be entered as Housewife, Houseen at home, who are eugaged in the duties of the worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealshould be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is neces-Physician, Compositor, Architect, Locomotive engineer, the first line will be sufficient, e. g., Farmer or Planter tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative healthwhatever, write None. tired 6 yrs.). For persons who have no occupatiou state occupation at beginning of illness. If retired from Housemaid, etc. If the occupation has been changed to report specifically the occupations of persons enwork, or At Home, and children, not gainfully emhousehold only (not paid Housekeepers who receive a laborer, Farm laborer, Laborer-Coal mine, etc. Wom-(a) Foreman, (b) Automobile factory. The material Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery; Civil engineer, Stationary fremen, etc. But iu many Statement of Occupation-Precise statement of oc-For many occupations a single word or term on without more precise specification as Day

EASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"): Lobur pneumonia, Bronchopneumonia ("Pneumonia."

.Whooping cough; Chronic valvular heart, use of "Tumor" for malignant neoplasms); Measles; "Dropsy," "Exhaustion." "Heart failure." "Haemorary), 30 ds. Never report mere symptoms or causing death), 29 ds.; Bronchopneumonia stated unless important. (secondary or intercurrent) affection ueed unqualified, is indefinite); Tuberculosis of lungs, monand qualify as Accidental, Suicidal, or Homicidal, or diseases resulting from childbirth or miscarriage as "Uraenia," "Weakness." etc., when a definite disease rhage," "Inauition." "Marasmus," "Old Age," "Shock," vulsions," symptomatic), "Atrophy," "Collapse," "Coma," conditions, such as "Asthenia," "Anacmia" Chronic interstitial nephritis, etc. The contributory inges, peritonacum, etc., Carcinoma, Sarcoma, etc., of Nomenclature of the American Medical Association.) ment of cause of death approved by Committee on quences (c. g., sepsis, tetanus) may be stated under the ture of the injury, as fracture of skull, and consetrain-accident; Revolver wound of headas probably such, if impossible to determine definitely. "Puerpenal septicaemia," "Puerpenal peritonitis," etc. head of "contributory." Poisoned by carbolic acid-probably suicide. The na-Examples: Accidental drowning; Struck by railway State cause for which surgical operation was undercan be ascertained as the cause. FOR VIOLENT DEATHS State MEANS OF INJURY "Debility" ("Congeuital," "Senile," etc.), (Recommendations on state-Example: Measles (disease Always qualify all -homicide; terminal 'discase; (merely (secondnot be "Con-

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PLACE OF DEATH Worcester	STATE OF MARYLAND CERTIFICATE OF DEATH
County 12417	2:50
PRIN CONFORME MINISTER	75-6 Registration Dist. No.
Village or City No. (No.	St: Ward) (If death occurred in
	a hospital or institu- tion, give its NAME in-
Hettie Fisher	stead of street and
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE 5 SINGLE, W. 2 3 cms	16 DATE OF DEATH
Female White MARRIED, Widow WIDOWED OR DIVORCED (Write the word)	Nov. 15, 1922 192 (Year) [Mouth] (Day) (Year) 17 I HEREBY CERTIFY, That I attended the deceased from
6 DATE OF BIRTH	
April 10, 1831 (Month) (Day) (Year)	1 A minut
7 AGE If LESS than	and that death occurred on the date stated above, atm.
92 1 dayhrs	The CAUSE OF DEATH & was as follows:
8 OCCUPATION None	Parsiyeis.
(a) Trade, profession or NONE particular kind of work	101037013.
(b) General nature of industry business, or establishment in which employed or (employer)	(Duration)yr•mos ds.
9 BIRTHPLACE (State or country)	Contributory Secondary (Duration) yrs, mos. ds.
10 NAME OF FATHER William Bloxom	(Signed) M. D.
11 BIRTHPLACE OF FATHER (State or country) 12 MAIDEN NAME Va.	*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of injury: and (2) whether
of MOTHER Letter Blown	Accidental, Suicidal or Homleidal. 18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents)
13 BIRTHPLACE OF MOTHER (State or country)	At place of death yrsmosda. In the State,yrsmosda,
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted, if not at place of death?
(Informant) W. A. Coryell.	Former or usual residence.
(Address Pocomoke City, Md.	Histor Tarte of BURIAL OR REMOVAL CATE OF BURIAL MEAN MOSES TO CONTRA NOV 1 1-10 12
Filed 1/17 192 2 Collary Recistrar	20 UNDERTAKER Bea Pacourokulity
If more blanks are needed, address State Registrar	

(Approved by U. S. Census and American Public Health Association.)

state occupation at beginning of illness. If retired from or given up ou account of the DISEASE CAUSING DEATH. business, that fact may be indicated thus: Farmer (regaged in domestic service for wages, as Servant, Cook, ployed, as At school or At home. Care should be taken en at home, who are engaged in the duties of the Never return "Laborer," "Foreman," "Manager," "Dealeases, especially in industrial employments, it is necesthe first line will be sufficient. e. g., Farmer or Planter, whatever, write None. Housemaid, etc. If the occupation has been changed to report specifically the occupations of persons endefinite salary), may be entered as Housewife, Househousehold only (not paid Housekeepers who receive a laborer, Farm laborer, Laborer-Coal mine, etc. Womworked on may form part of the second statement. Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery; should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the Civil engineer, Stationary fremen, etc. But in many Physician, Compositor, Architect, Locomotive engineer, tion applies to each and every person, irrespective of fulness of various parsuits can be known. The quescupation is very important, so that the relative health (a) Foreman, (b) Automobile factory. The material Statement of Occupation-Precise statement of oc etc., For many occupations a single word or term on or At Home, and children, not gainfully emyrs.). For persons who have no occupation without more precise specification as Day

Statement of Cause of Death—Name, first, the bis-EASE CAUSING DEATH (the primary affection with respect to time and eausation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite syuonym is "Epidemic ecrebrospinal meuingitis"); Diphtheria (avoid use of "Croup"): Typhoid fever (never report "Typhoid pneumenia"): Lobar pneumonia, Bronchopneumonia ("Pueumouia,"

> ment of eause of death approved by Committee on quenees (e. g., sepsis, tetanus) may be stated under the can be ascertained as the cause. Always qualify all rhage," "Inanition." "Marasmus," "Old Age." "Shock," symptomatic), "Atrophy," "Collapse," "Coma," ary), 10 ds. Never report mere symptoms or terminal eausing death), 29 ds.; Bronchopneumonia Nomenclature of the American Medical Association.) head of "contributory." ture of the iujury, as fracture of skull, and eouse-Examples: Accidental drowning; Struck by railway as probably such, if impossible to determine definitely and qualify as ACEIDENTAL, SUICIDAL, OF HOMICIDAL, OF State cause for which surgical operation was under-"PUERPERAL septicaemia," "PUERPERAL peritonitis," diseases resulting from childbirth or miscarriage as "Uraemia," "Weaknes:" ctc., when a definite disease "Dropsy," "Exhausticn," "Heart failure," "Haemor vulsious," couditions, stated unless important. Chronic interstitial nephritis, etc. The contributory use of "Tumor" for malignant neoplasms); inges, peritonaeum, etc., Carcinoma, Sarcoma, etc., of unqualified, is indefinite); Tuberculosis of lungs, men-Whooping cough; Chronic vulvular heart discuse; (name origin; "Cancer" is less definite; avoid Poisoned by carbolic acid-(seeondary or intercurrent) affection used -accident; Revolver wound of head-homicide; FOR VIOLENT DEATHS STATE MEANS OF INJURY "Debility" ("Congenital," "Senile," etc.) such as "Asthenia," (Recommendations on state Example: Measles -probably suicide. The na-"Anaemia" Moustes; (second-(disease (merely uot be

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--Every item of Information should be carefully supplied ACE should be stated EXACTLY, PHYSI-CIANS should state OAUSE OF DEATH in plain terms so that it may be properly chessified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. ECORD IS A PERMAN BINDING FOR TH UNFADING INK--THIS MARGIN RESERVED AINLY, WRITE

O.V.

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	PLACE OF DEATH	STATE OF MARKETAND
_	Worcester 12418	CERTIFICATE OF DEATH
C	ounty /	100-00 Registration Dist. No. 3.5.72
Ville	2 FULL NAME Charles Xort	St.; Ward) (If death occurred in a hospital or institu- tion, give its NAME in- stead of street and number.)
	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 8	MARRIED, WIDOWED OR DIVORCED (Write the word)	16 DATE OF DEATH (Month) (Day) (Year) 17 I HEREBY CERTIFY, That I attended the deceased from
6 D	ATE OF HIRTH	, 192, to, 192,
	(Montin) (Day) (Year)	that I lust saw hairs slive on Movil 6
AC	If LESS than I dayhrs.	The CAUSE OF DEATH A was as follows:
16	CCUPATION A) Trade, profession or articular kind of work	Tronoled Premonia
O b	o) General nature of industry usiness, or establishment in which employed or (employer) IRTHILACE (State or country) Many	Contributory Secondary (Duration) yrs. mos. de.
RENTS	11 BIRTHPLACE OF FATHER (State or country) 12 MAIDEN NAME	(Signed)
PAG	OF MOTHER Colina Jowell	18 LENGTH OF RESIDENCE (For Hospitals, Institutious, Trans- ients, or Recent Residents)
	18 BIRTHPLACE OF MOTHER (State or country)	At place In the of death yrs. mos. da. State, yrs. mos. da. Where was disease contracted,
14 1	THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	if not at place of death? Former or usual residence.
15	(Address)	19 PLACE OF BURIAL OR REMOVAL PATE OF HURIAL ON Flame 7.197.
	Filed	17 Bulage Fin Butin M.
	If more blanks are needed, address State Registrar,	18 W. Saratoga St., Balto, Requesting V. S. No. 1.

STATE OF MARYLAND

(Approved by U. S. Census and American Public Health Association.)

en at home, who are engaged in the duties of the should be used only when needed. As examples: (a) additional line is provided for the latter statement; it sary to know (a) the kind of work and also (b) the the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of eupation is very important, so that the relative healthployed, as At school or At home. Care should be taken household only (not paid Housekeepers who receive a laborer, Farm laborer, Laborerer," etc., Never return "Laborer," "Foreman," "Manager," "Dealworked on may form part of the second statement. Spinner, (b) Cotton mill; (a) Salesman, (b) Groccry; nature of the business or industry, and therefore an cases, especially in industrial employments, it is necesfulness of various pursuits can be known. whatever, write None. tired 6 yrs.). For persons who have no occupation business, that fact may be indicated thus: Farmer (restate occupation at beginning of illness. If retired from or given up on account of the DISEASE CAUSING DEATH. Housemaid, etc. If the occupation has been changed gaged in domestic service for wages, as Servant, Cook, to report specifically the occupations of persons cudefinite salary), may be entered as Housewife, House (a) Foreman, (b) Automobile factory. Civil engineer, Stationary firemen, etc. But in many Physician, Compositor, Architect, Locomotive engineer, Statement of Occupation-Precise statement of oc-For many occupations a single word or term on or At Home, and children, not gainfully emwithout more precise specification as Day -Coal mine, etc. Wom-The material The ques-

Statement of Cause of Death—Name, first, the discase causing death (the primary affection with respect to time and eausation), using always the same accepted term for the same disease. Examples: Cercbrospinal fever (the only definite synonym is "Epidemie eercbrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumenia"): Lobar pneumonia, Bronchopneumonia ("Pneumonia,"

conditions, such as "Asthenia," ary), 10 ds. Never report mere symptoms or terminal unqualified, is indefinite); Tuberculosis of lungs, menand qualify as Accidental, Suicidal, or Homicidal, or "Puerperal septicuemia," "Puerperal peritonitis," diseases resulting from childbirth or miscarriage as rhage." "Inauition." "Marasmus," "Old Age," "Shock," vulsions," "Debility" ("Congenital," "Senile," ctc.),
"Dropsy," "Exhaustion," "Heart failure," "Hacmorsymptomatic), "Atrophy," "Collapse," "Coma," eausiug death), 29 ds.; Bronchopneumonia (secondstated unless important. Chronic interstitial nephritis, etc. The contributory use of "Tumor" for malignant neoplasms); (name origin; "Cancer" is less definite; avoid inges, peritonaeum, etc., Nomenclature of the American Medical Association.) ment of cause of death approved by quences (e. g., sepsis, tetanus) may be stated under the ture of the injury, as fracture of skull, and conse-Poisoned by carbolic acid-probably suicide. train-accident; Revolver around of head-homicide; Examples: Accidental drowning; Struck by railway as probably such, if impossible to determine definitely, taken. State cause can be ascertained as the cause. "Uraemia," "Weakness." etc., when a definite disease (secondary or intercurrent) affection need not be Whooping cough; Chronic valvular heart discuse; FOR VIOLENT DEATHS STATE MEANS OF INJURY "contributory." for which surgical operation was under-Carcinoma, Sarcoma, etc., of (Recommendations on state-Example: Mcastcs (disease "Апаетіа" Always qualify all Committee Meusics; (merely "Con-

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence, which data is essential and must be obtained before the certificate is permanently filed.



ARGIN RESERVED FOR BINDING

S. No. 1.

PLACE OF DEATH	STATE OF MARYLAND
County Warcester 12419	CERTIFICATE OF DEATH
WITHIN CORPORTED	Registration Dist. No. 3
Village or City / ocorius be No.	St.; Ward) (If death occurred in
Calleto	a hospital or institu- tion, give its NAME in- stead of street and
² FULL NAME COCCEC C	number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE 5 SINGLE, MARRIED, MARRIED	16 DATE OF DEATH NOV 18 1927
Temple teolored WIDOWED (Write the word)	(Month) (Day) (Year)
6 DATE OF BIRTH (Sparently about 70 %)	17 I HEREBY CERTIFY, That I attended the decensed from
SK. SK. SK.	that I last saw her alive on Mor 16 , 192 2,
(Month) (Day) (Year)	and that death occurred on the date stated above, at 12 Pm.
11 MA D - 70 yeardayhrs.	The CAUSE OF DEATH & was as follows:
leffereity 9 5 000 mos. ds. or min. ?	J. Jonas
(a) Trade, profession or particular kind of work	references por all.
(b) General nature of industry	- /
business, or establishment in which employed or (employer)	Contributory (Duration) 'yrsmosds.
9 BIRTHPLACE (State or country)	Secondary
10 NAME OF O	(c.) (Duration)yrsmosda.
FATHER Lewis Louglas	(Signed) / M. D. (Signed) / M. D. (Address) / Correspondently My
11 BIRTHPLACE OF FATHER (State or country) 12 MAIDEN NAME	*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether
2 12 MAIDEN NAME OF OUR MOTHES	Accidental, Suicidal of Homicidal.
a lalle luce sale	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans- lents, or Recent Residents)
13 BIRTHITACE OF MOTHER (State or country)	At place of death yrs. mos. da, State, yrs. mos. da.
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted, if not at place of death?
(Informant) Masona Long	Former or usual residence
(Address) Lacouro la Certy 11)	19 PLACE OF BURIAL OR REMOVAL CATE OF BURIAL
15	Holls Hill Com, NOV In, 1971
Filed // 8 192 2 Cell Stephens	20 UNDERTAKER ANDRESS
If more blanks are needed, address State Registrar.	levenson Ho Jocomorador

(Approved by U. S. Census and American Public Health Association.)

whatever, write None. tired 6 yrs.). For persons who have no occupation business, that fact may be indicated thus: Farmer (restate occupation at beginning of illness. If retired from or given up on account of the disease calising death gaged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed to report specifically the occupations of persons enployed, as At school or At home. Care should be taken definite salary), may be entered as Housewife, House household only (not paid Housekeepers who receive a eu at home, who are eugaged in the duties of the laborer, Farm laborer, Laborer-Coal mine, etc. Womer," etc., Never return "Laborer," "Foreman," "Manager," "Deal-Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery; worked on may form part of the second statement. (a) Foreman, (b) Automobile factory. should be used only when needed. additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is neces-Physician, Compositor, Architect, Locomotive engineer, the first line will be sufficient, c. g., Farmer or Plunter, Civil engineer, Stationary fremen, etc. But in many tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of oc For many occupations a single word or term on or At Home, and children, not gainfully emwithout more precise specification as Day As examples: (a) The material

Statement of Cause of Death—Name, first, the discrete causing death (the primary affection with respect to time and causation), using always the same accepted ed term for the same disease. Examples: Corebrospinal fewer (the only definite synonym is "Epidemie eerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Puphoid fever (never report "Typhoid pneumenia").

Lobar pneumonia, Bronchopneumonia ("Pueumonia,")

ment of cause of death approved by Committee on head of "contributory." quences (e. g., sepsis, tetanus) may be stated under the Nomenclature of the American Medical Association.) ture of the injury, as fracture of skull, and conseas probably such, if impossible to determine definitely rhage," "Inanition." "Marasmus," "Old Age," "Shock," Poisoned by carbolic acid-probably suicide. The na-Examples: Accidental drowning; Struck by railway and qualify as accidental, suicidal, or hosticidal, or "Puerperal schiicaemia." "Puerperal peritonitis," diseases resulting from childbirth or miscarriage as ean be ascertained at the cause. Always qualify all "Uracmia," "Weeknes:" :te., when a definite disease "Dropsy," "Exhaustion," "Heart failure." symptomatic), "Atrophy," "Collapse," couditions. State cause for which surgical operation was underary). 10 ds. Never report mere symptoms or terminal stated uuless important. Example: Mcasles vulsions," causing death), 29 ds.; Bronchopneumonia Chronic interstitiul nephritis, etc. The contributory use of "Tumor" for mulignant neoplasms); Mensics; (name origin; "Cancer" is less definite; avoid inges, peritonacum, etc., Carcinoma, Sarcoma, etc., of unqualified, is indefinite); Tuberculosis of lungs, men-(secondary or intercurrent) affection need not be Whooping cough; -aecident; Revolver wound of head-homicide; FOR VIOLENT DEATHS STATE MEANS OF INJURY "Debility" ("Congenital," "Senile," etc.), such as "Asthenia." "Anaemia" Chronic valvular heart (Recommendations on state-"Соша," "Сол-"Haemor-(disease discase; (second-(merely

If this certificate is lo-ked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

BINDING

FOR

MARGIN RESERVED

No.

wi

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PLACE OF DEATH	STATE OF MARYLAND
12420	CERTIFICATE OF DEATH
County	Registration Dist. No. 3 VI J
Village or City Bul. (No. ,	St; Ward) (If death occurred in a hospital or institu-
2 FULL NAME Comments H	tion, give its NAME in- stead of street and number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Jenule Block Single, MARRIED, WIDOWED OR DIVORCED (Write the word)	(Month) (Day) , 15.2 Z (Month) (Day) , 17.2 Z (Year)
6 DATE OF BIRTH	Nov 3 1922, 10 Nov 4 , 1922
(Month) (Day) (Year)	that I last saw here, alive on
AGE If LESS than	and that death occurred on the data stated abovs, at
1 dayhrs.	The CAUSE OF DEATH % was as follows:
8 OCCUPATION	(olaha
(a) Trade, profession or particular kind of work	
(b) General nature of industry business, or establishment in	(D
which employed or (employer)	Contributory (Duration)yrsmos
B BIRTHPLACE (State or country)	Secondary
10 NAME OF FATHER 9	(Signed) Yrs. mos. de
11 BIRTHPLACE	News 4 1922 (Address) Beeling and
OF FATHER (State or country) Bule 12 MAIDEN NAME	*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suleidal or Homicidal.
of MOTHER Susia Purull	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans-
13 BIRTHPLACE OF MOTHER (State or country) Bellie Ind	At place In the of death yrs nios da. State, yrs mos da.
4 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted, if not at place of death?
(Informant) Ence Heur	Former or usual residence
(Address) Berlin-md	19 PLACE OF BURIAL OR REMOVAL, SATE OF BURIAL
5 511 1/-4-22 m / T Holman	20 UNDERTAKER ADDRESS
Filed 192 A Sycmay Registrar	Every W Bowers Bules med
If more blanks are needed, address State Registrar.	16 W. Saratoga St., Balto., Requesting V. S. No. 1.

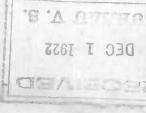
(Approved by U. S. Consus and American Public Health Association.)

tired 6 yrs.). For persons who have no occupation state occupation at beginning of illness. If retired from or given up on account of the disease causing death, Whatever, write None. business, that fact may be indicated thus: Farmer (re-Housemaid, etc. If the occupation has been changed gaged in domestic service for wages, as Servant, Cook to report specifically the occupations of persons enployed, as At school or At home. Care should be taken work, or At Home, and children, not gainfully emdefinite salary), may be entered as Housewife, Househousehold only (not paid Housekeepers who receive a en at home, who are engaged in the duties of the laborer, Farm laborer, Laborer-Coal mine, etc. Wom-Never return "Laborer," "Foreman," "Mannger," "Dealer," etc., worked ou may form part of the second statement. (a) Foreman, (b) Automobile factory. Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery; should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is neces-Civil engineer. Stationary fromen, etc. But in many Physician, Compositor, Architect, Locomotive engineer, the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of oc-For many occupations a single word or term on without more precise specification as Day The material

Statement of Cause of Death—Name, first, the pissease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite syuonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fercy (never report "Typhoid pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,"

Nomenclature of the American Medical Association.) ment of cause of death approved by Committee on head of "contributory." quences (e.g., sepsis, tetanus) may be stated under the ture of the injury, as fracture of skull, and conse-Poisoned by carbolic arid—probably suicide. train-accident: Revolver wound of head-homicide; Examples: Accidental drowning; as probably such, if impossible to determine definitely. and qualify as accidental, suicidal, or Homicidal, or State cause for which surgical operation was under-"Puerpenal septicaemic." "Puerpenal peritonitis," diseases resulting from childhirth or miscarriage as can be ascertained as the cause. Always qualify "Uraemia," "Weaknes:" ctc., when a definite disease rhage," "Inaultlon." "Marasmus," "Old Age," "Shock," symptomatic), "Atrophy," "Collapse," "Coma," conditions, such as "Asthenia," ary). 10 ds. Never report mere symptoms or terminal "Dropsy," "Exhaustion." "Heart failure." "Haemorvulsions," stated unless important. Example: Measles causing death). 29 ds.; Bronchopnenmonia use of "Tumor" for malignant neoplasms); inges, peritonocum, etc., Carcinoma, Sarcoma etc.. of (secondary or intercurrent) affection need not be Chronic interstitial nephritis, etc. The contributory Whooping cough; unqualified, is indefinite); Tuberculosis of lungs, men (mame origin; "Cancer" is less definite; avoid For "Debility" ("Congenital," "Senile," etc.), VIOLENT DEATHS STATE MEANS OF INJURY Chronic valoulur heart discuse; (R commendations on state-"Anacmia" Struck by railreay Meastes; (merely (second-(disease "Conetc. 811

If this certificate is looked over thoroughly and all questions answered in decail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed



JARGIN RESERVED FOR BINDING

S. No. 1.

C	PLACE OF DEATH ounty drovesta 12421	STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No. 3.5
Ville	age or City Stockton (No,	St.; Ward) (If death occurred in a hospital or institu- tion, give its NAME in- stead of street and number.)
	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
38		(Month) (Day) (Year) 17 I HEREBY CERTIFY, Thet I attended the deceased from
6.1).	(Month) (Day), 1977	that I last sew halive on
	if LESS than I day. 7. hrs	The CAUSE OF DEATH & was as follows: 10 Physician allunded lives Obout 7 Hours Had
bi bi	Trade, profession or Articular kind of work. General nature of industry usiness, or establishment in thich employed or (employer). RTIPLACE: (State or country)	Conversions and died Wilh is Strangulation (Durstion) yrs. mos. do. Contributory Secondary
RENTS	11 BIRTHPLACE OF FATHER (State or country) 12 MAIDEN NAME	(Signed) (Signed) (Signed) (Signed) (Address) (Add
PAI	OF MOTHER Ethel Masan 13 BIRTHPLACE OF MOTHER (State or country) Masque	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trunsients, or Recent Residents) At place of death yrs
14 T	(Informant) Fred Hedsau	if not at plece of death?
IS F	(Address) Stockhar Mcd Filed 11/18/ 1922 W Orange Registrar	20 UNDERTAKER POWLEY SLOCKSON
	Af more blanks are needed, address State Registrar.	16 W. Saratoga St., Balto., Requesting V. S. No. 1.



(Approved by U. S. Census and American Public Health Association.)

whatever, write None. business, that fact may be indicated thus: Farmer (restate occupation at beginning of illness. If retired from or given up on account of the disease causing death gaged in domestle service for wages, as Scruent, Cook, definite salary), may be entered as Housewife, House household only (not paid Housekeepers who receive a en at home, who are engaged in the duties of the laborer, Farm laborer, Laborer-Never return "Laborer," "Foreman," "Manager," "Dealtired 6 yrs.). For persons who have no occupation Housemaid, etc. If the occupation has been changed to report specifically the occupations of persons ployed, as At school or At home. Care should be taken er," etc., without more precise specification as Day worked on may form part of the second statement. (a) Foreman, (b) Automobile factory. Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery; should be used only when needed. additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is neces-Civil engineer, Stationary firemen, etc. Physiciun, Compositor, Architect, Locomotive engineer, the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of fulness of various pursuits can be known. The queseupation is very important, so that the relative health-Statement of Occupation-Precise statement of oc or At Home, and children, not gainfully em-For many occupations a single word or term on -Coal mine, etc. Wom-As examples: (a) The material But iu many

Statement of Cause of Death—Name, first, the pisease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid nse of "Group"); Typhoid fever (never report "Typhoid pneumenia"): Lobar pacumonia, Bronchopneumonia ("Pneumonia,")

head of "contributory." quences (e. g., sepsis, tetanus) may be stated under the Nomenclature of the American Medical Association.) ment of cause of death approved by Committee ture of the injury, as fracture of skull, and consetrain-accident; Revolver wound of head-homicide; Examples: Accidental drowning; Struck by railway as probably such, if impossible to determine definitely and qualify as accidental, suicidal, or homicidal, or State cause for which surgical operation was under-"Puerperal septicaemia." "Puerperal peritonitis," diseases resulting from childbirth or misearriage as can be ascertained at the cause. Always qualify all rhage," "Inanition" "Marasmus," "Old Age," "Shock," symptomatic), "Atrophy," "Collapse," "Coma," conditions, ary), 10 ds. Never report mere symptoms or terminal stated unless important. use of "Tumor" for malignant neoplasms); Meastes; Poisoned by carbolic acid-probably suicide. The na-"Uraemia," "Weaknes:" ctc., when a definite disease "Dropsy," "Exhaustion," "Heart failure." "Haemor vulsious." eausing death), 29 ds.; Bronchopneumonia Chronic interstitial nephritis, etc. The contributory (name origin; "Caueer" is less definite; avoid inges, peritonacum, etc., Carcinoma, Sarcoma, etc.. of unqualified, is indefinite); Tuberculosis of lungs, men-(secondary or intercurrent) affection need not be Whooping cough; Chronic valvular heart disease; FOR VIOLENT DEATHS state MEANS OF INJURY "Debility" ("Congenital," "Senile," etc.) such as "Asthenia." (Recommendations on state-Example: Meastes "Апаетіа" (second-(disease (merely

If this certificate is looked over thoroughly and all quesons all the data is essential and must be obtained before
the beitificate is remainently filed.

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N. B

	PLACE OF DEATH	STATE OF MARYLAND
0	County Workertto 12422	CERTIFICATE OF DEATH Registration Dist. No. 3
Vil	lage or City Berlin (No. R. Fl.	St; Ward) (If denth occurred in a hospital or institution, give ils NAME instead of street and number.)
	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
6 0	ATE OF BIRTH Cat. (Month) (Month)	16 DATE OF DEATH (Month) (Day) (Year) 17 I HEREBY CERTIFY, That I attended the deceased from 13 1921, to 14 , 1921, that I last saw ham alive on 14 , 1921, and that death occurred on the date stated above, at 19 A me.
7 A	70 yrs. 4 mos. 4 ds or min. ?	The CAUSE OF DEATH & was as follows:
3/0 %	DECUPATION a) Trade, profession or articular kind of work. b) General nature of industry usiness, or establishment in which employed or (employer)	Cerethal Hemonhage (Duration) yrs. 1100s. 2 de. Contributory
	10 NAME OF FATHER	Secondary (Durstion) yrs mos de (Signed) (A Halland M.D.
ARENTS	11 BIRTHPLACE OF FATHER (State or country) Maryland 12 MAIDEN NAME)	*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal or Homicidal.
4	13 BIRTHPLACE OF MOTHER (State or country) THE ABOVE IS TRUE TO THE BEST OF MY-KNOWLEDGE	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans- lents, or Recent Residents) At place In the State,
	(Informant) Thomas H. House	Former or usual residence
15	(Address) Bully Mills Filed //-//23 192 h L 2 Hollman Ringistrar	10 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL MODILE. 1922. 20 INDERTAKER ADDRESS AND Burbage & Sou Bertin Mel
	If more blanks are needed, address State Registrar.	16 W. Saratoga St., Ralto., Requesting V. S. No. 1.



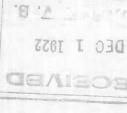
(Approved by U. S. Census and American Public Health Association.)

tired 6 yrs.). For persons who have no occupation whatever, write None. business, that fact may be indicated thus: Farmer (restate occupation at beginning of illness. If retired from or given up on account of the disease causing meath, Housemaid, etc. If the occupation has been changed gaged in domestic service for wages, as Screant, Cook, to report specifically the occupations of persons enployed, as At school or Al home. Care should be taken definite salary), may be entered as Housewife, House household only (not paid Housekeepers who receive a en at home, who are engaged in the duties of the laborer. Farm laborer, Laborer-Coal mine, etc. Womer," etc., Never return "Laborer," "Foreman," "Manager," "Dealworked on may form part of the second statement. additional line is provided for the latter statement; it (a) Foreman, (b) Automobile factory. Spinner, (b) Colton mill; (a) Salesman, (b) Grocery; should be used only when needed. As examples: (a) nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is neces-Civil engineer, Stationary firemen, etc. But in many Physician, Compositor, Architect, Locomotive engineer, the first line will be sufficient, e.g., Farmer or Planter, tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocor At Home, and children, not gainfully em-For many occupations a single word or term on without more precise specification as Day The material

Statement of Cause of Death—Name, first, the pissease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cercbrospinal fever (the only definite synonym is "Epidemic ecrebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (uever report "Typhoid pneumonia"): Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

Nomenclature of the American Medical Association.) ment of cause of death approved by Committee head of "contributory." quences (e. g., sepsis, letanus) may be stated under the ture of the injury, as fracture of skull, and conse-Poisoned by carbolic acid-probably suicide. train-uccident; Revolver wound of head-homicide; Examples: Accidental drowning; Struck by railroay as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF diseases resulting from childbirth or miscarriage as can be ascertained as the cause. Always qualify all rhage," "Inanition." "Marasmus," "Old Age," "Shock," State cause for which surgical operation was under-"Puerperal septicacmia." "Puerperal peritonitis," "Uraemia," "Weakness." etc., when a definite disease "Dropsy," "Exhaustion," "Heart failure," "Haemorsymptomatle), "Atrophy," "Collapse," conditions, such as "Asthenia," ary), 10 ds. stated unless important. Example: Measles (disease vulsions." causing death). 29 ds.; Bronchopneumonia use of "Tumor" for malignant neoplasms); (secondary or intercurrent) affection need not be Chronic interstitial nephritis, etc. The contributory Whooping cough; inges, peritonarum, etc., Carcinoma, Sarcona, etc., of unqualified, is indefinite); Tuberculosis of lungs, men FOR VIOLENT DEATHS STATE MEANS OF INJURY .. (name origin; "Cancer" is less definite; avoid "Debllity" ("('ongenital," "Senile," etc.), Never report mere symptoms or terminal Chronic valvular heart disease; (Recommendations on state-"Anaemia" "Coma," Measles; (second-(mcrely "Con-

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.



PLACE OF DEATH STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No. 3 (If death occurred in St.;..... Ward) a hospital or institution, give its NAME instead of street and number.) MEDICAL CERTIFICATE OF DEATH PERSONAL AND STATISTICAL PARTICULARS IS DATE OF DEATH 3 SEX 4 COLOR OR RACE | 5 SINGLE, MARRIED, WIDOWED OR DIVORCED (Write the word) 17 I HEREBY CERTIFY, That I attended the deceased 6 DATE OF BIRTH (Month) (Day) (Year) and that death occurred on the date stated above, at 7 AGE If LESS than The CAUSE OF DEATH & was as follows: day hrs. or min. ? 8 OCCUPATION (a) Trade, profession or particular kind of work. pial (b) General nature of industry business, or establishment in which employed or (employer)..... Contributory 9 BIRTHPLACE Secondary (State or country) 10 NAME OF FATHER RENTS 2 (Address) 11 BIRTHPLACE *State the Disease Causing Death, Ar, in deaths from OF FATHER state OAUS (State or country Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal or Homleidal. 12 MAIDEN NAME OF MOTHER 18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Translents, or Recent Residents) 13 BIRTHPLACE In the At place of egath OF MOTHER , yrs mos. da. 0 (State or country Where was disease contracted, if not at place of death? S shot statement Former or usual residence. CIANS TATE OF HURIAL OR REMOVAL If more blanks are needed, address State Registrar, 16 W. Saratoga St., Ralto., Requesting V. S. No. 1.

ARGIN



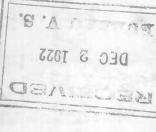
(Approved by U. S. Census and American Public Health Association.)

whatever, write Nonc. tired 6 yrs.). For persons who have no occupation business, that fact may be indicated thus: Farmer (restate occupation at beginning of illness. If retlred from or given up on account of the disease causing death, Housemaid, etc. If the occupation has been changed gaged in domestic service for wages, as Servanl, Cook, to report specifically the occupations of persons enployed, as Al school or Al home. Care should be taken work, or Al Home, and children, not gainfully emdefinite salary), may be entered as Housewife, House household only (not paid Housekeepers who receive a en at home, who are engaged in the daties of the laborer, Farm laborer, Laborer-Coal mine, etc. Wom-Never return "Laborer," "Foreman," "Manager," "Dealthe first line will be sufficient, e. g., Farmer or Planter, worked on may form part of the second statement. Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery; should be used only when needed. As examples: (a) additional line is provided for the latter statement; It nature of the business or industry, and therefore an Civil engineer, Stationary fremen, etc. But in many Physician, Compositor, Architect, Locomotive engineer, sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is neces-(a) Forenium, (b) Automobile factory. The material tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation - Precise statement of ocete, without more precise specification as Day For many occupations a single word or term on

Statement of Cause of Death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerchrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

Nomenclature of the American Medical Association.) ment of cause of death approved by Committee on head of "contributory." (Recommendations on statequenees (e. g., sepsis, tetunus) may be stated under the ture of the injury, as fracture of skull, and conse-Poisoned by carbol'e acid-probably suicide. train-accident; Revolver wound of head-homicide; Examples: Accidental drowning; Struck by railway as probably such. If impossible to determine definitely. and qualify as Accidental, Suicidal, or Homicidal, or "Puerperal septiquence." "Puerpral peritonitis," diseases resulting from childbirth or miscarriage as can be ascertained as the causes. Always qualify all rhage." "Inanition" "Marasmus," "Old Age." "Shock," symptomatle). "Atrophy." "Collapse," "Coma." State cause for which surgical operation was under-"Uraemia," "Weaknes ." etc., when a definite disease "Dropsy." "Exhaustion." "Heart failure." "Haemor. ary), 10 ds. Never report mere symptoms or terminal stated unless important. vulsions." conditions, such as "Asthenia." "Anaemla" causing death). 29 ds.: Brouchopneumonia use of "Tumor" for malignant neoplasms); Measles; (secondary or interemetent) affection need not be Chronic interstitial nephritis, etc. The contributory Whooping cough; Chronic valvular heart disease; inges, peritonaeum, etc., Carcinoma, Sarcoma, etc., of unqualified, is indefinite); Tuberculosis of lungs, men (mame origin; "Cancer" is less definite; nvoid FOR VIOLENT DUATHS STATE MEANS OF INJURY "Debility" ("Congenital," "Senile," etc.), Example: Measles (disease (second-(merely

If this certificate is lo ked over thoroughly and all questions answered in detail, it will prevent further correspondence—AH, the data is essential and must be obtained before the certificate is permanently filed.



No. i .

PHYSI.

C	PLACE OF DEATH ounty Mrcesler 12424	STATE OF MARYLAND CERTIFICATE OF DEATH
Vill	age or City Berfinis (No. PUS) 2 FULL NAME arlanta XA	Registration Dist, No. St.; Ward) (If death occurred in a hospital or institution, give its NAME instead of street and number.)
	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 5	Lemal Color or RACE 5 SINGLE, MARRIED, WIDOWED OR-DIVORCED (Write the word)	(Month) (Day) (Year)
6 D	ATE OF BIRTH	1928 to 200 1928
	(Month) (Day), 1848	that I last saw h & allve on
AC	If LESS than I dayhrs.	and that death occurred on the data stated above, at
() P () b	CCUPATION Trade, profession or articular kind of work O General nature of industry usiness, or establishment in hich employed or (employer)	Tuberculoses of Lungs Thum (Duration) yrs. mos. ds. Contributory
	(State or country) Mary Can	Secondary (Duration) yre, mos. de.
ENTS	11 BIRTHPLACE OF FATHER (State or country) Manyland	(Signed) M.D M.D M.D M.D
PAR	12 MAIDEN NAME Jula Gray	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans- lents, or Recent Residents)
	13 BIRTHPLACE OF MOTHER (State or country)	At place In the of death yrs. mos. da. State,yrsmos. da. Where was disease contracted,
4 7	(Informant) John Par Rev	Former or usual residence.
5	(Address) Bertin gul	19 ELACE OF BURIAL OR REMOVAL SATE OF BURIAL NOV. 12, 1932
F	iled 1/-1222 192 A Helmont Registrar	20 UNDERTAKER ADDRESS Burling 18

If more blanks are needed, address State Registrar, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

(Approved by U. S. Consus and American Public Health Association.)

Whatever, write Nonc. tired 6 yrs.). business, that fact may be indicated thus: Farmer (restate occupation at beginning of illness. If retired from or given up on account of the disease causing beath, Housemaid, etc. If the occupation has been changed gaged in domestic service for wages, as Servant, Cook to report specifically the occupations of persons enployed, as At school or At home: Care should be taken definite salary), may be entered as Housewife, House household only (not paid Housekeepers who receive a en at home, who are engaged in the duties of the laborer, Farm laborer, Laborer-Coal mine, etc. Womer," etc., Never return "Laborer," "Foreman," "Manager," "Dealadditional line is provided for the latter statement; it should be used only when needed. As examples: (a) worked on may form part of the second statement. Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery; nature of the husiness or industry, and therefore an tion applies to each and every person, irrespective of sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is neces-Civil engineer, Stationary fremen, etc. But in many Physician. Compositor, Architect, Locomotive engineer, the first-line will be sufficient, c. g., Farmer or Planter, fulness of various pursuits can be known. cupation is very important, so that the relative health-Statement of Occupation Precise statement of oc-Foreman, (b) Automobile factory. The material For many occupations a single word or term on or At Home, and children, not gainfully emwithout more precise specification as Day For persons who have no occupation The ques

Statement of Cause of Death—Name, first, the pus-Ease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,"

> Nomenclature of the American Medical Association.) ment of cause of death approved by Committee on head of "contributory." quences (e. g., sepsis, tetanus) may be stated under the ture of the injury, as fracture of skull, and consetrain-accident: Revolver wound of head-homicide; Examples: Accidental drowning; Struck by railway as probably such. if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF diseases resulting from childbirth or miscarriage as can be ascertained as the cause. Always qualify all rhage," "Inanition." "Marasmus," "Old Age," "Shock," symptomatic), "Atrophy," "Collapse," "Coma," "Conary), 10 ds. Poisoned by carbolic acid-probably suicide. State cause for which surgical operation was under-"Puerperal septicaemia." "Puerperal peritonitis," "Uraemia," "Weaknes:" etc., when a definite disease "Dropsy." "Exhausticn," "Heart failure," "Haemorvulsions," conditions, such as "Asthenia," causing death), 29 ds.; Bronchopneumonia stated unless important. use of "Tumor" for malignant neoplasms); (secondary or intercurrent) affection need not be Chronic interstitial nephritis, etc. The contributory Whooping cough; inges, peritonarum, etc., Carcinoma, Sarcoma, etc., of (name origin; "Cancer" is less definite; avoid unqualified, is indefinite); Tuberculosis of lungs, men-FOR VIOLENT DEATHS STATE MIANS OF INJURY "Debility" ("Congenital," "Senile," etc.), Never report mere symptoms or Chronic valvulur heart disease; (Recommendations on state-Example: Measics (disease "Amaemia" Meusles; terminal (second-(merely

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

DEG I

County Mreester 12425 74 CERTIFICATE OF DEATH Registration Dist. No. 3 5 C Village or City Present the Registration Dist. No. 3 5 C Village or City Present the Registration Dist. No. 3 5 C Registration Dist. No. 3 5 C Registration Dist. No. 3 5 C A hospital or instituted to the stead of street and stead of street and number.) PERSONAL AND STATISTICAL PARTICULARS PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 16 DATE OF DEATH MARRIED WILDOWELD (Month) (Day) (Year) Wildowell OR DIVORCED (Month) (Day) (Year) Wildowell Wildowell (Write the word) (Write the word) (Write the word)
Village or City Ward leeg (No. See St.; Ward) (If death occurred in a hospital or institution, give its NAME in stead of street and number.) PERSONAL AND STATISTICAL PARTICULARS SEX 4 COLOR OR RACE 5 SINGLE, MARRIED OR DIVORCED (Month) (Day) , 162 2 (Month) (Day)
Village or City Ward leeg (No. See St.; Ward) (If death occurred in a hospital or institution, give its NAME in stead of street and number.) PERSONAL AND STATISTICAL PARTICULARS SEX 4 COLOR OR RACE 5 SINGLE, MARRIED OR DIVORCED (Month) (Day) , 162 2 (Month) (Day)
PERSONAL AND STATISTICAL PARTICULARS PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH SEX 4 COLOR OR RACE 5 SINGLE, MARKIED, WILDOWED OR DIVORCED (Month) (Day) (Personal And Statistical Particulars (Month)
PERSONAL AND STATISTICAL PARTICULARS SEX 4 COLOR OR RACE 5 SINGLE, MARKIED WIDOWED OR DIVORCED MONTH Stead of street and Rumber.) MEDICAL CERTIFICATE OF DEATH 16 DATE OF DEATH (Month) (Day) (Day)
PERSONAL AND STATISTICAL PARTICULARS SEX 4 COLOR OR RACE 5 SINGLE, MARKIED, WIDOWED OR DIVORCED MONTH MONT
3 SEX 4 COLOR OR RACE 5 SINGLE, MARRIED MIDOWED OR DIVORCED (Month) (Day) , 182 2 (Month) (Day)
MARRIED. WIDOWED OR DIVORCED (Month) (Day) (Year)
WIDOWED (Month) (Day) (Year)
1 A 1 A 1 A 1 A 1 A 1 A 1 A 1 A 1 A 1 A
6 DATE OF BIRTH 192 , to 192 ,
Weeken 1838 that I last saw h Walive on 192.
(Month) (Day) (Year) and that death occurred on the data stated above, at
If LESS than The CAUSE OF DEATH IN was as follows:
About 8H yrs. mos. ds. or min. ?
8 OCCUPATION Budden Rolling
(a) Trade, profession or particular kind of work.
(b) General nature of industry
business, or establishment in (Duration)
9 BIRTHPLACE Contributory Secondary
(State or country) Marshard
10 NAME OF PATHER (Signed Allegan Lease of M. M.
Chalum 11/29 11/29
State the Disease Causing Death, or, in deaths from
State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal or Homicidal.
OF MOTHER (IS LENGTH OF RESIDENCE (For Hospitals, Institutions, Tran
18 BIRTHPLACE In the
OF MOTHER (State or country) Unkness At place of death yrs. mosda. State,yrsmosde
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE Where was disease contracted, if not at place of death?
(Informant) 1. 1. Julian Former or usual residence.
19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
(Address) Hollands beent 11/30 102
51 1//30 100 TO ANDRESS
Filed / 1922 COO William Herry and Brown Common Com
If more blanks are needed, address State Registrar, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

en at home, who are eugaged in the duties of the additional line is provided for the latter statement; it Physician, Compositor, Architect, Locomotive engineer, business, that fact may be indicated thus: Farmer (restate occupation at beginning of illness. If retired from or given up on account of the disease causing death, gaged in domestic service for wages, as Scrvant, Cook, ployed, as At school or At home. Care should be taken household only (not paid Housekeepers who receive a laborer, Farm laborer, Laborer-Coal mine, etc. Womer," etc., Never return "Laborer," "Foreman," "Manager," "Deal (a) Foreman, (b) Automobile factory. The material Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery; should be used only when needed. As examples: (a) nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is neces-Civil engineer, Stationury fremen, etc. But in many the first line will be sufficient, c. g., Farmer or Planter, tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative healthtired 6 yrs.). For persons who have no occupation to report specifically the occupations of persons enwork, or At Home, and children, not gainfully emdefinite salary), may be entered as Housewife, House worked on may form part of the second statement whatever, write None. Housemaid, etc. If the occupation has been changed Statement of Occupation-Precise statement of oc-For many occupations a single word or term on without more precise specification as Day

Statement of Cause of Death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Corebrospinal fever (the only definite synonym is "Epidemic cerebraspinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia,").

use of "Tumor" for malignant neoplasms); Mcasles; inges, peritonacum, etc., Carcinoma, Sarcona, etc., of quences (e.g., sepsis, tetanus) may be stated under the dlseases resulting from childbirth or miscarriage as conditions, such as "Astheuia," "Anaemia" ary), 10 ds. Never report mere symptoms or terminal stated unless important. Chronic interstitial nephritis, etc. The contributory (name origin; "Cancer" is less definite; avoid unqualified, is indefinite); Tuberculosis of lungs, men ment of cause of death approved by Committee head of "contributory." ture of the injury, as fracture of skull, and consetrain-accident; Revolver wound of head-homicide; Examples: Accidental drowning; Struck by railray as probably such, if impossible to determine defluitely and qualify as accidental, suicidal, or homicidal, or can be ascertained as the cause. Always qualify all rhage," "Inanition," "Marasmus," "Old Age," "Shock," symptomatle), "Atrophy," "Collapse," "Coma," "Concausing death), 29 ds.; Bronchopneumonia (second-(secondary or intercurrent) affection need not be Whooping cough; Chronic valvular heart discase; Nomenclature of the American Medical Association.) Poisoned by carbolic acid-probably suicide. The na-State cause for which surgical operation was under-"Puerperal septicaemia." "Puerperal peritonitis," "Uraemia," "Weakness," etc., when a definite disease "Dropsy," "Exhaustion," "Heart failure." "Haemorvulsions." FOR VIOLENT DEATHS State MEANS OF INJURY "Debility" ("Congenital," "Scuilc," etc.); (Recommendations on state-Example: Meastes (disease (merely

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DEC 4 1922

Exact PHYSI. PLACE OF DEATH should be stated EXACTLY, it may be properly classified on back of certificate. AND STATISTICAL PARTICULARS 3 SEX 4 COLOR OR RACE 5 SINGLE, MARRIED, WIDOWED OR DIVORCED (Write the word) 6 DATE OF BIRTH that instructions (Month) (Day) (Year) 80 7 AGE -THIS If LESS than supplied terms I day hrs. See 8 OCCUPATION INK (a) Trade, profession or in plain particular kind of work..... important. (b) General nature of industry business, or establishment in which employed or (employer)..... 9 BIRTHPLACE (State or country) Very DE 10 NAME OF FATHER LO ARENTS 11 BIRTHPLACE d state OAUSE OCCUPATION information OF FATHER (State or country 12 MAIDEN NAME OF MOTHER 0 13 BIRTHPLACE OF MOTHER (State or country) S should CIANS should statement of 14 THE ABOVE IS TRUE WRITI (Address) Registrar If more blanks are needed, address State Registrar, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No.

St; Ward)	(If death occurred in a hospital or institu- tion, give its NAME In- stead of street and number.)
MEDICAL CERTIFICATE	OF DEATH
16 DATE OF DEATH	10 2-
(Mouth)	
17 I HEREBY CERTIFY, That I att	
192, to	, 192
that I last saw halive on	, 192
and that death occurred on the date stated	l above, atm
The CAUSE OF DEATH & was as follows:	
No Doctor 1	· ·
allendance	
Ourrhoeal Cul Duration)	yrs ds.
Contributory Seenndary	
(Signed) J. J. (Purstion)	Registrary MA
11-21 1922 (Address)	1 1
*State the Disease Causing Death, Violent Causes, state (1) Means of Inju Accidental, Suicidal or Homicidal.	or, in deaths from ary; and (2) whether
8 LENGTH OF RESIDENCE (For Hospi lents, or Recent Residents)	tals, Institutions, Trans-
At place In the State of death yrs. mos. da, State	yrsmosda.
Where was disease contracted, f not at place of death?	
Former or assault residence	
9 PLACE OF BURIAL OR REMOVAL	DATE OF BURIAL
It Paul M.E. Country.	NW 20 ,1022
20 UNDERTAKER	ADDRESS
E. M. B.	Bul. ned

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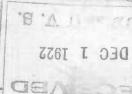
(Approved by U. S. Census and American Public Health Association.)

tired 6 yes.). For persons who have no occupation Whatever, write None. business, that fact may be indicated thus: Furmer (restate occupation at beginning of illness. If retired from or given up on account of the disease causing death, Housemaid, etc. If the occupation has been changed gaged in domestic service for wages, as Servant, Cook, ployed, as At school or At home. Care should be taken definite salary), may be entered as Housewife, House to report specifically the occupations of persons enen at home. Never return "Laborer," "Foreman," "Manager," "Dealhousehold only (not paid Housekeepers who receive a laborer, Farm laborer, Laborerworked on may form part of the second statement. (a) Foreman. (b) Automobile factory. The material Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery; should be used only when needed. additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the eases, especially in industrial employments, it is neces-Civil engineer, Stationary fremen, etc. But in many Physician, Compositor, Architect, Locomotive engineer, the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of fulness of various parenits can be known. cupation is very important, so that the relative health-Statement of Occupation Precise statement of ocete., without more precise specification as Day For many occupations a single word or or At Home, and children, not gainfully emwho are engaged in the duties of the -Coal mine, etc. Wom-As examples: (a) The questerm on

Statement of Cause of Death—Name, first, the pis-EASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic ecrebrospinal meningitis"): Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,"

> head of "contributory." Nomenclature of the American Medical Association.) ment of cause of death approved by Committee on quences (e. g., sepsis, tetanus) may be stated under the ture of the injury, as fracture of skull, and conse-Poisoned by carbol's acid--probably suicide. The natrain-accident: Revolver wound of head-homicide; Examples: Accidental drawning; Struck by railway as probably such, if impossible to determine definitely. and qualify as Accidental, Suicidal, or Homicidal, or taken. For VIOLENT DEATHS state MEANS OF INJURY State cause for which surgical operation was under-"Puerpenal septicaconic." "Puerpenal peritonitis." diseases resulting from childbirth or misearriage can be ascertained at the cause. Always qualify all "Uraemla," "Weaknes." etc., when a definite disease rhage." "luanition." "Marasmus," "Old Age," . "Shock," "Dropsy." "Exhaustion." "Heart vulsions." symptomatie), "Atrophy." "Collapse," conditions, such as "Asthonia," "Anaemia" ary). 10 ds. Never report mere symptoms or eausing death). 29 ds.: Bronchopucumonia stated unless important. Chronic interstitial nephritis, inges, peritonaeam, etc., Carcinoma, Sarcoma, etc., of use of "Tumor" for malignant neoplasms); unqualified, is indefinite); Tuberculosis of lungs, men-(secondary or intercurrent) affection need not be Whooping "Debility" cough; Chronic valentur heart discase; ("Congenital," "Senile," etc.), (Recommendations on state-Example: Measles etc. The contributory failure." "Haemor-"Coma." Moustes; (merely terminal (second-(disease "Con-กร

tions answered in exall it will prevent further correspondence will the data successful and must be obtained before the certificate is permanently filed



1 PLACE OF DEATH	STATE OF MARYLAND
Olice +	CERTIFICATE OF DEATH
County Worcester 12427	31
mar 1, 1,	Registration Dist. No.
Village or City Stockton (No.	St :- Ward) (If death occurred in
vinage of only	a liospital or institu- tion, give its NAME in- stead of street and
and annie of Cale	hand stead of street and number.)
² FULL NAME WWW O OWN	
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE 5 SINGLE, MARRIED, OL	16 DATE OF DEATH
WIDOWED WIDOWED	(Month) (Day) (Year)
Temale Will OR DIVORCED (Write the word)	17 HEREBY CERTIFY, That I attended the deceased from
6 DATE OF BIRTH	May 6 1922, 10 Nov. 7 , 1922.
Dune 26 de	1. ~
(Menth) (Day) (Year)	that I last saw h W. alive on A S. V
7 AGE If LESS than	and that death occurred on the date stated above, at
10 1 dayhrs.	The CAUSE OF DEATH & was as follows:
	f) f
8 OCCUPATION	Intermonary Interculosis
(a) Trade, profession or particular kind of work.	
(b) General nature of industry	
business, or establishment in which employed or (employer)	(Duration)/yrsmosde,
• BIRTHPLACE	Contributory Secondary
(State or country) Maryland	(Duration)yremosda.
10 NAME OF O	1 60 10 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2
FATHER James H. Cerllins	(Signed) M. U.
2 11 BIRTHPLACE	Mr. J. 1922. (Address) D. T. Jelson. M. A.
11 BIRTHPLACE OF FATHER (State or country) 12 MAIDEN NAME OF MOTHER OF MOTHER	*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether
2 12 MAIDEN NAME	Accidental, Suicidat or Homicidal.
a OF MOTHER Chiphron	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans- ients, or Recent Residents)
13 BIRTHPLACE TAA	At place In the
OF MOTHER (State or country) Maryland	of death yrs mos da. State, yrs , mos da.
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted, if not at place of death?
(Informant) A Chilchard	Former or usual residence
Mind to med	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
(Address)	Cheen Cack Com 11/9/1923
16 11/0/ 2 Whatener	20 UNDERTAKER ADDRESS
Filed 192 192	The ACCIT SILL UP DO
Moglstrar	II I oungion flooldwell
If more blanks are peeded, address State Registrar.	16 W. Saratoga St., Balto., Requesting V. S. No. 1.

REVISED CERTIFICATE OF DEATH. UNITED STATES STANDARD

(Approved by U. S. Census and American Public Health Association.)

state occupation at beginning of illness. If retired from gaged in domestic service for wages, as Servant, Cook whatever, write None. tired 6 yrs.). business, that fact may be indicated thus: Farmer (reor given up on account of the disease causing death Housemuid, etc. If the occupation has been changed to report specifically the occupations of persons enployed, as At school or At home. Care should be taken definite salary), may be entered as Housewife, House household only (not paid Housekeepers who receive a en at home, who are engaged in the duties of the laborer, Farm laborer, Laborer-Coal mine, etc. Womer," etc., without more precise specification as Day Never return "Laborer," "Foreman," "Manager," "Dealworked on may form part of the second statement Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery, should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the (a) Foreman, (b) Automobile factory. cases, especially in industrial employments, it is neces-Civil engineer, Stationary firemen, etc. Physician, Compositor, Architect, Locomotive engineer, the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of fulness of various pursuits can be known. cupation is very important, so that the relative health Statement of Occupation-Precise statement of oc or At Home, and children, not gainfully em-For many occupations a single word or term on For persons who have no occupation The material But in many

Lobar pneumonia, Bronchopneumonia ("Pneumonia,"). spinal meningitis"); Diphtheria (avoid use of "Cydup"); ed term for the same disease. Examples: Cerebrospinal to time and causation), using always the same accept-EASE CAUSING DEATH (the primary affection with respect fever (the only definite synonym is "Epidemic cerebro-Statement of Cause of Death-Name, first, the pig

3

head of "contributory." ment of cause of death approved by Committee on quences (e. g., sepsis, tetanus) may be stated under the ture of the injury. as probably such, if impossible to determine definitely. Nomenclature of the American Medical Association.) Poisoned by carbolic acid-probably suicide. The na-Examples: Accidental drowning; Struck by railway and qualify as accidental, suicidal, or homicidal, or State cause "Puerperal septicaemia." "Puerperal peritonitis," discases resulting from childbirth or miscarriage as can be ascertained as the cause. "Uraemia," "Weakness," etc., when a definite disease rhage," "Inanitioa." "Marasmus," "Old Age." "Shock," "Dropsy," "Exhaustion." "Heart vulsions," symptomatic), "Atrophy," "Collapse," conditions, such as "Asthenia," "Anaemia" ary), 10 ds. causing death), 29 ds.; Bronchopneumonia stated unless important. Chronic interstitial nephritis, etc. The contributory use of "Tumor" for malignant neoplasms); Measles; (name origin; "Cancer" is less definite; avoid inges, perfonueum, etc., unqualified, is indefinite); Tuberculosis of lungs, men (secondary or intercurrent) affection need Whooping cough; -accident; Revolver wound of head-homicide; FOR VIOLENT DEATHS STATE MEANS OF UNJURY "Debility" ("Congenital," "Senile," etc.); for which surgical operation was under-Never report mere symptoms or terminal as fracture of skull, and conse-Chronic valvular heart disease; Carcinoma, Sarcoma, etc., of (Recommendations on state-Example: Measles Always qualify all failure." "Haemor "Coma," (disease (second-(merely not be etc.

done, answered in detail, it will prevent further correspond-If this certificate is looked over thoroughly and all quesdertificate is permanently filed. All the data is essential and must be obtained before

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87

PLACE OF DEATH

PLACE OF DEATH	STATE OF MARYLAND
County Workester	CERTIFICATE OF DEATH
12428	Registration Dist. No. 333
Village or City Pinfferelle (No.	St.;Ward) [If death occurred in
101 + 8	· // give he name instantion,
2 FULL NAME Harette lo que	Clen of street and number.]
PERSONAL AND STATISTICAL PARTIES.	
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
4 COLOR OF RACE 5 SINGLE, MARRIED, Married, WIDOWED OF DIVORCED	16 DATE OF DEATH (Month) (Day) (Year)
6 DATE OF BIRTH	17 HEREBY CERTIFY, That I attended deceased from
11 91 1044	Mor 4 ,1922, to have 1 ,192.3
(Month) (Day) (Year)	that I last saw have alive on her 17 , 1927
7 AGE If LESS than	and that death occurred on the date stated above, atm
yrs mas ds OR min.?	The CAUSE OF DEATH * waspas follows:
8 OCCUPATION	Diestes heart
(a) Trade, profession, or particular kind of work to use keeping.	I do not feron how long the
(b) General nature of Industry	headles troube
Outliness, or establishment in which employed (or employer)	(Duration) yrs. nes. /8 de.
9 SIRTHRIAGE	Contributory
(State or country) Manuella	Secondary
10 NAME OF	B (Buration) yrs. p. mos. ds.
FATHER Hands Herrone	(Signed)
0) 11	hu 22. 1922 (Address) Frotfrice Bree
(State or country)	State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means of Injury; and 2) whether Accidental.
C 12 MAIDEN NAME OF MOTHER 1	SUICIDAL OF HOMICIDAL,
a Detsey Vigers	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)
13 BIRTHPLACE OF MOTHER (State or country)	At place In the
14 THE ABOVE IS TRUE TO THE BEST OF TY KNOWLEDGE	of death yrs mos ds. State yrs mea ds. Where was disease contracted,
D - 1	If not all place of death?
(Informant) Peter Gullen	usual residence
(Addres) A 1 A 1 1 200	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
(Address) And Office	Sintmarling Scen Mort 24 1922
5Had N M 23 1012 2 2 A P	20 UNDERTAKER ADDRESS
REGISTRAR	Pullation 1 / 1/2000
'f more blanke are noeded, address State Registrar. 1	16 W. Saratoga St., Balto., Bequesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

first line will be sufficient, e. g., Farmer or Planter, Physician, Compositor, Architect, Locomotive engineer, Civil write None. business, that fact may be indicated thus: Farmer (retired state occupation at beginning of illness. If retired from or given up on account of the DISEASE CAUSING DEATH, engaged in domestic service for wages, as Servant, Cook, taken to report specifically the occupations of persons employed, as At school or At home. Care should be wife, Housework, or At Home, and children, not gainfully who receive a definite salary), may be entered as Housethe duties of the household only (not paid Housekeepers precise specification as Day laborer, Farm laborer, Laborer of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more mill; (a) Salesman, (b) Grocery; (a) Foreman, only when needed. As examples: (a) Spinner, (b) Collon is provided for the latter statement; it should be used business or industry, and therefore an additional line know (a) the kind of work and also (b) the nature of the especially in industrial employments, it is necessary to engineer, Stationary freman, etc. applies to each and every person, urespective of age. tion is very important, so that the relative healthful-Housemaid, etc. mobile factory. For many occupations a single word or term on the -Cool mine, etc. Statement of Occupation-Precise statement of occupa-Compositor, Architect, various pursuits can be known. The question For persons who have no occupation whatever The naterial worked on may form part If the occupation has been changed Women at home, who are engaged in But in many cases, (b) Auto-

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia,"); Lobar pneumonia, Bronchopmeumonia ("Pneumonia," menin-inqualified. is indefinite); Tuberculosis of lungs, menin-

cause. Always quality an unstance rooms, birth or miscarriage as "Puerperal septichaemia," etc. State cause for which "Puerperal peritonitis," etc. State cause for which ges, peritonaeum, etc., Carcinoma, Sarcoma, etc., of on Nomenclature of the American Medical Association.) on statement of cause of death approved by Committee under the head of "Contributory." (Recommendations and consequences (e. g., sepsis, telanus) may be stated suicide. The nature of the injury, as fracture of skull, head-homicide; Poisoned by carbolic acid-probably SUICIDAL, OF HOMICIDAL, OF As probably such, if impossible to determine definitely. Examples: Accidental drowning: state MEANS OF INJURY and qualify as surgical operation was undertaken. For violent deates etc., when a definite disease can be ascertained as the mus, genital," "Senilc," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Maraslapse," "Coma," "Convulsions," "Debility" "Anaemia" (merely symptomatic), symptoms or terminal conditions, such as "Asthenia," chopneumonia (secondary), 10 ds. Example: Measles (disease causing death), 29 ds.; Bronrent) affection need not be stated unless important. cough; Chronic valvular heart disease; Chronic interstition "Tumor" for malignant neoplasms); Measles; Whooping (name origin; "Cancer" is less definite; avoid use of " "Old Age," "Shock," "Uraemia," "Weakness," by railway The contributory (secondary or intereurtrain-accident; Revolver Never report mere "Atrophy," ACCIDENTAL, punou ("Con-

If this certificate is looked over thoroughly and all questions answered in detail, it will provent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.



BINDING

FOR

MARGIN RESERVED

v.

	ILACL	OF DEAT	TH .		
C	County Worcester 1242				
	Near	o a malea	C: +++		
Vill	age or City	COMORE	CICY	(No	р
	2 F1II.J	L NAME		3. (1	т
		10 1 10 10 10 10 10 10 10 10 10 10 10 10	WAGT	l Spence	
3 8				5 SINGLE,	DEARS
	le	Black		MARRIED, WIDOWED OR DIVORO (Write the v	Sing:
6 D	ATE OF BIR	тн		(HIIIO INC.)	, 0, 0,
			816		, 9
7 AC		@1000m270m0000000000	(Month)	(Day)	, 1
0	bout.	6yrs?	n	nosds	If LESS I day
O (F	n) Trade, prof articular kind n) General na	of work	tru	ne	
O w	usiness, or es hich employe	ed or (emplo	ın yer)	• • • • • • • • • • • • • • • • • • • •	
W	hich employe IRTHPLACE (State or co	d or (emplo	yer)d	•••••	
W	RTHPLACE (State or co	d or (emplo	d.		
9 181	10 NAME OF FATHER	Abell	d. Spenc		
9 181	IRTHPLACE (State or co FATHER 11 BIRTHP OF FATI (State of	ountry) M	d. Spenc	e \$r	
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PARENTS	10 NAME OF FATHER 11 BIRTHER 12 MAIDEN OF MOT 13 BIRTHER 13 BIRTHER OF MOT (State (Informant)	Abel Abel LACE HER OF COUNTRY) NAME CO LACE HER OF COUNTRY) STRUE TO Abel Po com	ger) d. Spenc M ie St THE BE 1 Spe	e Sr d. evenson Md.	owledg
PARENTS	Inch employe IRTHPLACE (State or co IO NAME OF FATHER II BIRTHP OF FATI (State of I2 MAIDEN OF MOT (State UE ABOVE	Abel Abel LACE HER OF COUNTRY) NAME CO LACE HER OF COUNTRY) STRUE TO Abel Po com	ger) d. Spenc M ie St THE BE 1 Spe	e Sr d. evenson Md. sr of my kn	owledg

STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No.

LL NAME Abell Spence Jr.	St.; Ward) (If death occurred in a hospital or institution, give its NAME instead of street and number.)
NAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Black 5 SINGLE, MARRIED, Single OR DIVORCED (Write the word)	16 DATE OF DEATH (Month) (Day) , 192 (Year)
(Month) (Day), 1 (Year)	17 I HEREBY CERTIFY, That I attended the deceased from 11/15/22
6yrs? dayhrs. ds. or min. ?	The CAUSE OF DEATH & was as follows: Spasmodic Croup.
ad of work nature of industry establishment in yed or (employer) E Country) Md.	
OMAbell Spence Sr	(Signed) (Address) (Address) (Duration) (Signed) (Address) (Address) (Address) (Duration) (Possible CityMd)
THER Md. or country) THER Stevenson	*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal or Homicidal.
PLACE Md. THER cor country)	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans- ients, or Recent Residents) At place of death yrs. mos. da. linthe State, yrs. mos. de. Where was disease contracted,
Abell Spence Pocomoke City, Md. 192 2 Registrar	if not at place of death? Former or usual residence. 19-PLACE OF BURIAL OR REMOVAL TO THE OF BURIAL ADDRESS ADDRESS ADDRESS
If more blanks are peeded, address State Registrar.	16 W. Saratoga St., Balto., Requesting V. S. No. 1.

(Approved by U. S. Ceusus and American Public Health Association.)

business, that fact may be indicated thus: Farmer (restate occupation at beginning of illness. If retired from or given up on account of the disease causing Death whatever, write None. tired 6 yrs.). Housemaid, etc. If the occupation has been changed gaged in domestic service for wages, as Servant, Cook, ployed, as At school or At home. Care should be taken work, or At Home, and children, not gainfully emdefinite salary), may be entered as Housewife, House household only (not paid Housekeepers who receive a on at home, who are engaged in the duties of the laborer, Farm laborer, Laborerer," etc., without more precise specification as Day Never return "Laborer," "Foreman," "Manager," "Deal-Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery; to report specifically the occupations of persons worked on may form part of the second statement. (a) Foreman, (b) Automobile factory. should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is neces-Civil engineer, Stationary firemen, etc. Physician, Compositor, Architect, Locomotive engineer, the first line will be sufficient, e.g., Farmer or Planter, tion applies to each and every person, irrespective of eupation is very important, so that the relative health fulness of various parenits can be known. The ques-Statement of Occupation-Precise statement of oe For many occupations a single word or term on For persons who have no occupation -Coal mine, etc. Wom-But The material iu many

Statement of Cause of Death—Name, first, the pustasse causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Gerebrospinal fever (the only definite synonym is "Epidemie ecrebrospinal meningitis"); Diphtheria (avoid use of "Croud"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumouia,")

quenees (e.g., sepsis, tetanus) may be stated under the Nomenclature of the American Medical Association.) ment of cause of death approved by Committee head of "contributory." ture of the injury, as fracture of skull, and conseand qualify as ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF ean be ascertained as the cause. Always qualify all "Uraemia," "Weaknes." etc., when a definite disease rhage," "Inanition." "Marasmus," "Old Age," "Shock," symptomatie), "Atrophy," "Collapse," "Coma," Poisoned by carbolic acid—probably suicide. Examples: Accidental drowning; Struck by railway as probably such, if impossible to determine definitely takeu. For violent deaths state means of injury State cause for which surgical operation was under-"Puerperal septicaemia." "Puerperal peritonitis," diseases resulting from childbirth or miscarriage as "Dropsy." "Exhaustion," "Heart failure." "Haemorvulsious," conditions. ary), 10 ds. Never report mere symptoms or eausing death), 29 ds.; Bronchopneumonia stated unless important. use of "Tumor" for malignant neoplasms); inges, peritonasum, etc., Curcinoma, Sarcoma, etc., of unqualified, is indefinite); Tuberculosis of lungs, men-Chronic interstitial nephritis, etc. The contributory (name origin; "Cancer" is less definite; avoid (secondary or intercurrent) affection need Whooping cough; -accident; Revolver wound of head-homicide; "Debility" ("Congenital," "Senile," etc.), such as "Asthenia." Chronic valvular heart discase; (Recommendations on state-Example: Meastes "Anaemia" Measles; termina. not be (second-(disease (merely "Con-

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1 PLACE OF DEATH	STATE OF MARYLAND
Waresola	CERTIFICATE OF DEATH
County 243()	(90)
WITHIN CORPORATE LIMITS OF	Registration Dist. No.
Village or City vermotes Cly (No.	St; Ward) (If death occurred in
Village or City (No.	a huspital or institu- tion, give its NAME in-
Janual Jan	stead of street and number.)
2 FULL NAME	
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4 COLOR OR RACE 5 SINGLE,	16 DATE OF DEATH
MARRIED MARRIED MASS	(Month) (Dug) (Year)
Male Other OR DIVORCED (Write the word)	17) I HEREBY CERTIFY, That I attended the deceased from
6 DATE OF BIRTH	Jan 3/8/ 1022, to hot 17th, 1922
1 2 865	that I last saw humaliva on 2011 17 the 1927
(Month) (Day) (Year)	and that death occurred on the date stated above, at 7 dime
7 AGE	
69/11 / (I day hrs.	The CAUSE OF DEATH & was as follows:
mos. ds. or min. ?	p. S. L. T.
8 OCCUPATION (a) Trade, profession of	mone and ornales
particular kind of work	
(b) General nature of industry business, or establishment in	(Duration) Syrsmosde
Which employed or (employer)	Contributory Creptal Offery
9 BIRTHPLACE (State or country)	Secondary // // 3
	(Duration) yrs mos de
10 NAME OF PATHER 10	(Signed) M. D.
Morge W. Mordey	11/18 192.2 (Address) Locomore wy ky
11 BIRTHITTACE OF FATHER	*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether
(State or country)	Accidental, Suicidal or Homieldal.
M 12 MAIDEN NAME OF MOTHER STANDARD STANDARD	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans-
13 BIRTHPLACE	ients, or Recent Residents)
OF MOTHER (State or country)	At place of death yrs. mos. da. State,yrsmosde
H THE ABOVE STRIE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted, if not at place of death?
1419 1112'000 048 moth	Former or
(Informant)	usual residence
(Address) Joseph City, Md	1) 1 to to 100019 2
(Address)	Appress Appress
Filed 11/18 1922 (200 ay 10)	to UNDERTAKER APPRESS
Ragistrar	Slevenson of Stolocomoke
If more blanks are needed, address State Registrar	. 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

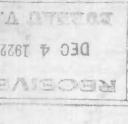
(Approved by U. S. Census and American Public Health Association.)

state occupation at beginning of illness. If retired from or given up on account of the disease causing Death, ployed, as At school or At home. Care should be taken household only (not paid Housekeepers who receive a en at home, who are engaged in the duties of the laborer, Farm laborer, Laborer-Coal mine, etc. Womer," etc., without more precise specification as Day Never return "Laborer," "Foreman," "Manager," "Dealworked on may form part of the second statement. Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery; should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the eases, especially in industrial employments, it is neces-Civil engineer, Stationary fremen, etc. But in many the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of fulness of various pursuits can be known. The queseupation is very important, so that the relative healthwhatever, write None. tired 6 yrs.). For persons who have no occupation business, that fact may be indicated thus: Farmer (re-Housemaid, etc. If the occupation has been changed gaged in domestic service for wages, as Servant, Cook, to report specifically the occupations of persons endefinite salary), may be entered as Housewife, House-(a) Foreman, (b) Automobile factory. Physician, Compositor, Architect, Locamotive engineer, Statement of Occupation-Precise statement of oc-For many occupations a single word or term ou At Home, and children, not gainfully em-The material

Statement of Cause of Death—Name, first, the disease causing death (the primary affection with respect to time and eausation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (uever report "Typhoid pneumonia"): Lobar pneumonia, Bronchopneumonia ("Pneumonia,"

symptomatic), "Atrophy," "Collapse," couditions, such as "Asthenia." causing death), 29 ds.; Bronchopneumonia stated unless important. Example: Measles use of "Tumor" for malignant ueoplasms); Measles; inges, peritonacum, etc., Carcinoma, Sarcoma, etc., of unqualified, is indefinite); Tuberculosis of lungs, menas probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF "Puerperal septicaemia." "Puerreral peritonitis," diseases resulting from childbirth or misearriage as can be ascertained as the cause. Always qualify all rhage," "Inanition." "Marasmus," "Old Age," "Shock," "Dropsy," "Exhaustion," "Heart failure." "Haemorary), 10 ds. (secondary or intercurrent) affection need not be Chronic interstitial nephritis, etc. The contributory ment of cause of death approved by Committee on head of "contributory." quences (c. g., sepsis, tetanus) may be stated under the Examples: Accidental drowning; Struck by railway "Uraemia," "Weaknes:" etc., when a definite disease Nomenclature of the American Medical Association.) ture of the injury, as fracture of skull, and couse-Poisoned by carbolic acid-probably suicide. train-accident; Revolver wound of head-homicide; State cause Whooping cough; .. (name origin; "Cancer" is less definite; avoid FOR VIOLENT DEATHS STATE MEANS OF INJURY "Debility" ("Congenital," "Senile," etc.) Never report mere symptoms or terminal for which surgical operation was under-Chronic valvular heart discase; (Recommendations on state-"Anaemia" "Соша," (disease (merely (second-"Con-

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N. 8.--Every Item of information should be carefully supplied ACE should be stated EXACTLY, PHYSI-CIANS should state CAUSE OF DEATH in plain terms so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. CORD WITH UNFADING INK---THIS IS A PERMANENS BINDING FOR ARGIN RESERVED AINLY, WRITE V. S. No. 1.

PLACE OF DEATH		SIAIE	OF MARYLAND
County Wncester	197.51	CERTIFIC	CATE OF DEATH
	-12431	Regi	istration Dist. No. 3 JIV
190,000		100	Stration Dist. 140.
Village or City	(No		Ward) (If death occurred in
12			a hospital or institu- tion, give its NAME in-
2 FULL NAME	yacum J	Vastrengh	stead of street and number.)
PERSONAL AND STATISTICA	AL PARTICULARS	MEDICAL CERTIF	ICATE OF DEATH
3 SEX 4 COLOR OR RACE 5		16 DATE OF DEATH	
	WIDOWED WIDOWED	MUST.	2 1002
male white	OR DIVORCED (Write the word)	(M	onth) (Day) (Year)
6 DATE OF BIRTH	(Write the word)	I HEREBY CERTIFY, T	7
5.		1. Clcl. d., 192/,	to USU, 1 , 1922
march.	1000	that I last saw h Camalive on	2001/ 1922
(Month)	(Day) (Year)	and that death occurred on the de	8 P.
7 AGE	If LESS than		
86 7	dayhrs.	2. 1	oflows:
8 OCCUPATION	s ds.lor min. ?	ecalle	pelles.
(a) Trade, profession or	ysician		A
Parameter of troub	ynciau	***************************************	
(b) General nature of industry business, or establishment in	11	(D	6
which employed or (employer)		4.,	tion) yra moe de.
9 BIRTHPLACE (State or country)	1-all -1-1	Contributory Secondary	
New	Like Mars	(Dura	tion) yrs. 1./mos de.
10 NAME OF TATHER	10-4/11 J.	(Signed)	12, Burling M.D.
William 1.	"Oppring ?	11 11 2	100000000000000000000000000000000000000
11 BIRTHPLACE OF FATHER	or more of the state	192. (Address)	
(State or country) Rew 2 12 MAIDEN NAME	Just Mals	*State the Disease Causing Violent Causes, state (1) Mean	s of Injury; and (2) whether
A CARLES TO THE PARTY OF THE PA	1111	Accidental, Suicidal or Homicid	
a maria	Trid su burgh	18 LENGTH OF RESIDENCE (Formula, or Recent Residents)	or Hospitals, Institutions, Trans-
13 BIRTHPLACE OF MOTHER	al de	At place	In the
(State or country)	JAPIC 17 JOSE	of death yrs. mos da. Where was disease contracted.	State,yrs mos da.
14 THE ABOVE IS TRUE TO THE BEST	OF MY KNOWLEDGE	if not at place of death?	• ####### 200 MATHER ************************************
(Informant) Within O VI	s hong h	Former or usual residence.	
111 . 72 Broady	The There 2 >	19 PLACE OF BURIAL OR REMO	VAL DATE OF BURIAL
(Address)	72. v. y.	Trinity Cemeters	2000 Vit 22
51 1/1.22 h]	2 Helman	20 UNDERTAKER	ADDRESS
filed/	Rogistrar	160.11	
		1 / weeklage a un	2 weren ma
if more blanks are neede	d. address State Registrar.	16 W. Saratoga St., Balto., Reque	ating V S. No. 1

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whatever, write None. tired 6 yrs.). business, that fact may be indicated thus: Farmer (restate occupation at beginning of illness. If retired from or given up on account of the disease causing drath. Housemaid, etc. If the occupation has been chauged gaged in domestic service for wages, as Screent, Cook. to report specifically the occupations of persons enployed, as At school or At home. Care should be taken definite salary), may be entered as Housewife, House household only (not paid Housekeepers who receive a en at home, who are engaged in the duties of the laborer, Farm laborer, Laborer-Coal mine, etc. Womworked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Deal-Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery; additional line is provided for the latter statement; It nature of the business or industry, and therefore au (a) Foreman, (b) Automobile factory. The material should be used only when needed. As examples: (a) sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is neces-Civil engineer, Stationary Arenien, etc. But in many the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of Physician, Compositor, Architect, Locomotive engineer, fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocor Al Home, and children, not gainfully em-For many occupations, a single word or term on without more precise specification as Day For persons who have no occupation

Statement of Cause of Death—Name, first, the mis-EASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cercbrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobur pneumonia, Bronchopneumonia ("Pneumonia")

> ment of cause of death approved by Committee on head of "contributory." quences (c. g., sepsis, tetanus) may be stated under the Nomenclature of the American Medical Association.) ture of the injury, as fracture of skull, and consetrain-accident; Revolver wound of head-homicide; Examples: Accidental drowning; Struck by railway as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, OF HOMICINAL, OF "Puerperal septicaemic." "Puerperal peritonitis," can be ascertained as the cause. Always qualify all Poisoned by carbolic acid—probably suicide. State cause for which surgical operation was under diseases resulting from childbirth or miscarriage as rhage," "Inauitlon." "Marasmus," "Old Age," "Shock," symptomatle), "Atrophy." "Collapse," "Coma," conditions, such as "Asthenia." stated unless important. "Uraemia," "Weaknes:" etc., when a definite disease "Dropsy." "Exhaustion." "Heart failure." "Haemorvulsions," ary), 10 ds. causing death), 29 ds.; Bronchopneumonia (secondary or intercurrent) affection need not be Chronic interstitial nephritis, etc. The contributory use of "Tumor" for malignant neoplasms); Measles; (name origin; "Cancer" is less definite; avoid inges, peritonaeum, etc., Carcinoma, Sarcoma, etc.. of unqualified, is indefinite); Tuberculosis of lungs, men-Whooping cough; FOR VIOLENT DEATHS STATE MEANS OF INJURY "Debility" ("Congenital," "Senile," etc.), Never report mere symptoms or terminal Chronic valvular heart discase; (Recommendations on state-Example: Measles (disease "Anaemia" The na-(second-(merely

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DEC I

N. B.--Every item of information should be carefully supplied ACE should be stated EXACTLY, PHYSI-CIANS should state CAUSE OF DEATH in plain terms so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on pack of certificate. IS A PERMANA ITH UNFADING INK---THIS LAINLY, WRIT

BINDING

FOR

MARGIN RESERVED

vi

PLACE OF DEATH	STATE OF MARYLAND
19499	CERTIFICATE OF DEATH
County MPCCS W	Registration Dist. No.3 50
Village or City Out Muste No.	St.; Ward) (If denth occurred in
2 FULL NAME MUNATURE.	Jeft Word ton, give its NAME instead of street and number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE 5 SINGLE,	16 DATE OF DEATH
Mole Colora MARRIED, WIDOWELD (Write the word)	(Mouth) (My) (Year)
6 DATE OF BIRTH	
Och 315 1922	that I last saw halive on, 192,
(Month) (Day) (Year)	and that death occurred on the date stated above, nt
3 Wishs If LESS than I dayhrs.	The CAUSE OF DEATH & was as follows:
yrsmosdsor min.?	Marvution was so diffimo
8 OCCUPATION (a) Trade, profession or	that it could grof Est or
particular kind of work	nunse
(b) General nature of industry business, or establishment in	(Duration)yrsposds.
which employed or (employer)	Contributory did got See his
9 BIRTHPLACE (State or country) Amalata, C	Secondary Child
10 NAME OF	(Signed) (Duration) yrs. mos. de.
FATHER TWO Ward	11/20 to the Discount to
H BIRTHPLACE OF FATHER (State or country) Wester G	*State the Disease Causing Death, or, in deaths from
(State or country) / / / / Cls Cls C	Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal or Homicidal.
OF MOTHER ANAMA	8 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans-
13 BIRTHPLACE	lents, or Recent Residents)
OF MOTHER (State or country) Miles Co.	At place In the of death yrs. mos. da. State, yrs. mos. da.
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted, if not at place of death?
(Informany) Dady Schoolfuld	Former or usual residence
(Address) Pawny Melit	19 PLACE OF BURIAL OR REMOVAL SATE OF BURIAL
15 11/20 mg Cessharpis	20 INDERTAKER ADDRESS
Filed / // Registrar	Accuse Depostfuld Pocomole RD
If more blanks are needed, address State Registrar.	16 W. Saratoga St., Balto., Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

business, that fact may be indicated thus: Farmer (restate occupation at beginning of illness. If retired from or given up on account of the DISEASE CAUSING DEATH. whatever, write None. tired 6 yrs.). gaged in domestic service for wages, as Scrvant, Cook, to report specifically the occupations of persons enployed, as At school or At home. Care should be taken work, or At Home, and children, not gainfully emdefinite salary), may be entered as Housewife, House household only (not paid Housekeepers who receive a en at home, who are engaged in the duties of the Never return "Laborer," "Foreman," "Manager," "Dealworked on may form part of the second statement. Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery; cases, especially in industrial employments, it is neces-Housemaid, etc. If the occupation has been changed laborer, Farm laborer, Laborer-(a) Foreman, (b) Automobile factory. The material should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the Civil engineer, Stationary fremen, etc. Physician, Compositor, Architect, Locomotive engineer, the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of fulness of various parsuits can be known. cupation is very important, so that the relative health-Statement of Occupation-Precise statement of oc-For many occupations a single word or term on without more precise specification as Day For persons who have no occupation -Coal mine, etc. Wom-But in many The ques-

Statement of Cause of Death—Name, first, the preEASE CAUSING DEATH (the primary affection with respect
to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinul
fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diputheria (avoid use of "Croup");
Typhoid fever (never report "Typhoid pneumonia");
Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

Nomenclature of the American Medical Association.) ment of cause of death approved by Committee on head of "contributory." quences ture of the injury, as fracture of skull, and conse-Poisoned by carbolic acid-probably suicide. The natrain-accident; Revolver wound of head-homicide; as probably such, if impossible to determine definitely and qualify as accidental, suicidal, or homicidal, or taken. State cause "Puerperal septicacmia." "Puerperal peritonitis," diseases resulting from childbirth or miscarriage can be ascertained as the cause. Always qualify all "Uraemia," "Weaknes:" ctc., when a definite disease rhage," "Inanition." "Marasmus," "Old Age," "Shock," "Dropsy," "Exhaustion," "Heart failure," symptomatic), "Atrophy," "Collapse," conditions, such as "Asthenia," ary), 10 ds. inges, peritonacum, etc., Carcinoma, Sarcoma, etc.. of Examples: Accidental drowning; Struck vulsions." causing death), 29 ds.; Bronchopneumonia stated unless important. Example: Measles Chronic interstitial nephritis, etc. The contributory use of "Tumor" for malignant neoplasms); Measles; unqualified, is indefinite); Tuberculosis of lungs, men-(secondary or intercurrent) affection need not Whooping .. (name origin; "Cancer" is less definite; avoid FOR VIOLENT DEATHS State MICANS OF INJURI (e. g., sepsis, tetanus) may be stated under the "Debility" ("Congenital," "Senile," etc.), cough; for which surgical operation was under-Never report mere symptoms or terminal Chronic valvular heart (Recommendations on state-"Anaemia" "Соша," "Содby railway "Hacmordiscase; (disease (second-(merely etc.

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence all the data is essential and must be obtained before this dertificate is permanently filed.

--Every item of information should be carefully supplied ACE should be stated EXACTLY, PHYSI-CIANS should state CAUSE OF DEATH in plain terms so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. RECORD IS A PERMANEIN ARGIN RESERVED FOR BINDING WITH UNFADING INK---THIS LAINLY, WRITH S. No. 1.

ei Zi

	PLACE OF DEATH	STATE OF MARYLAND
	Morcester 1943	CERTIFICATE OF DEATH
C	ounty ///	1972
	No.	Registration Dist. No.
Vill	age or City Www. No.	St: Ward) (If death occurred in
	,	a hospital or justitu-
	Minance	last Ward tion, give its NAME instead of street and number.)
	² FULL NAME	
	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 8	EX 4 COLOR OR RACE 5 SINGLE, MARRIED.	16 DATE OF DEATH
1	hale Culory WIDOWED OR DIVORCED	(Month) (Day) , 192 (Year)
-	(Write the word)	I7 I HEREBY CERTIFY, That I attended the deceased from
6 D	ATE OF BIRTH	, 192, to, 192,
	110113	
	(Month) (Day) (Year)	that I last saw halive on, 192,
7 40	If LESS than	and that death occurred on the date stated above, at
	I dayhrs.	The CAUSE OF DEATH & was as follows: 1 Zuch 200
	yrsmosds. or min. ?	(My Willment
8 0	OCCUPATION) Trade, profession or lufaut	Calo Just Sec Mans
p.	articular kind of work	Child a brown of the
	o) General nature of industry Usiness, or establishment in	lous de lamid en lis
	hich employed or (employer)	(Duration) yrs mos ds,
9 B	(State or country) And one	Contributory
	Worlder and	
	10 NAME OF FATHER MAD WORLD	(Signed) M. D.
S	200 00000	11/13 1922 (Address) Prosumptle
RENTS	OF FATHER AMONES TEL COL	*State the Disease Causing Death, or, in deaths from
E	(State or country)	Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal or Homicidal.
PA	OF MOTHER amunda Schoolful	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans- ients, or Recent Residents)
	13 BIRTHPLACE UNTINTER CA O.	At place In the
	(State or country) W/ / WSCO 7 700	of death yrsmos,da, State,, yrsmosda.
14 T	THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted, if not at place of death?
	(Informant) Sulle Schwalfult	Former or usual residence
	12 1 Mohant	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
	(Address)	16 Jan 10 center 11/14 1072
15	11/12 n Colffania	20 NOERTAKER ADDRESS
F	filed 1 192 7 Registrar	R. State all as P. m. M.
		I agnored worth for vousing 110
	If more blanks are needed, address State Registrar.	16 W. Saratoga St., Balto., Requesting V. S. No. 1.



(Approved by U. S. Census and American Public Health Association.)

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